25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

25B. NAME OF REGISTRAR

Dorsey, Maryland

Eugenia K. Seitz 5209 York Road Seitz Funeral Home Baltimore, Md. 21212

ADDRESS

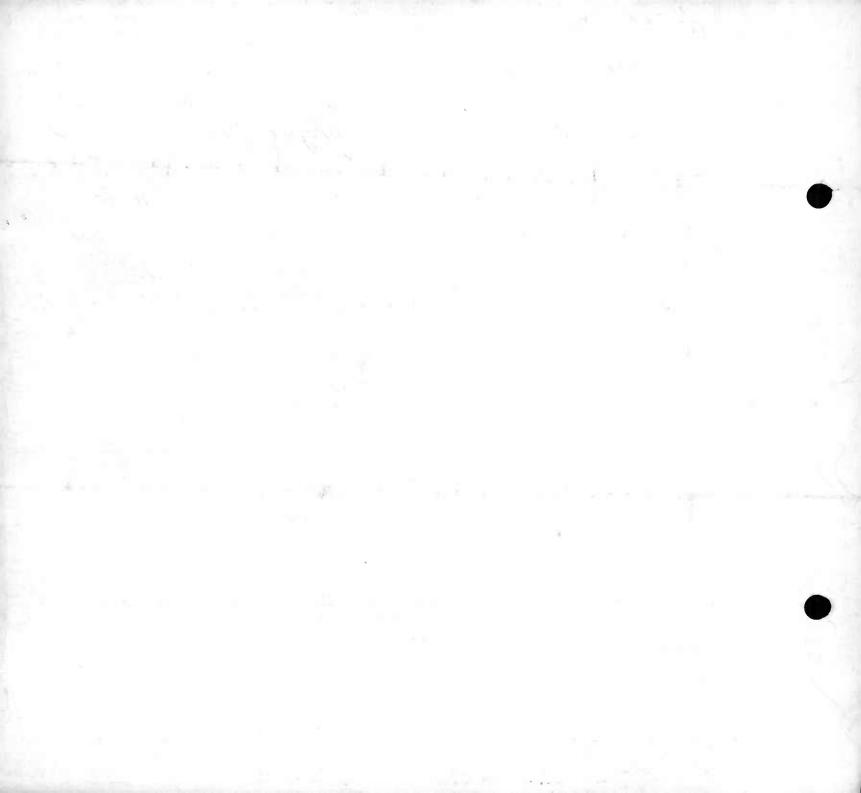
25C. FUNERAL DIRECTOR

V.S. 153 2-17-71 M.H. A GANELLY THORND

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B



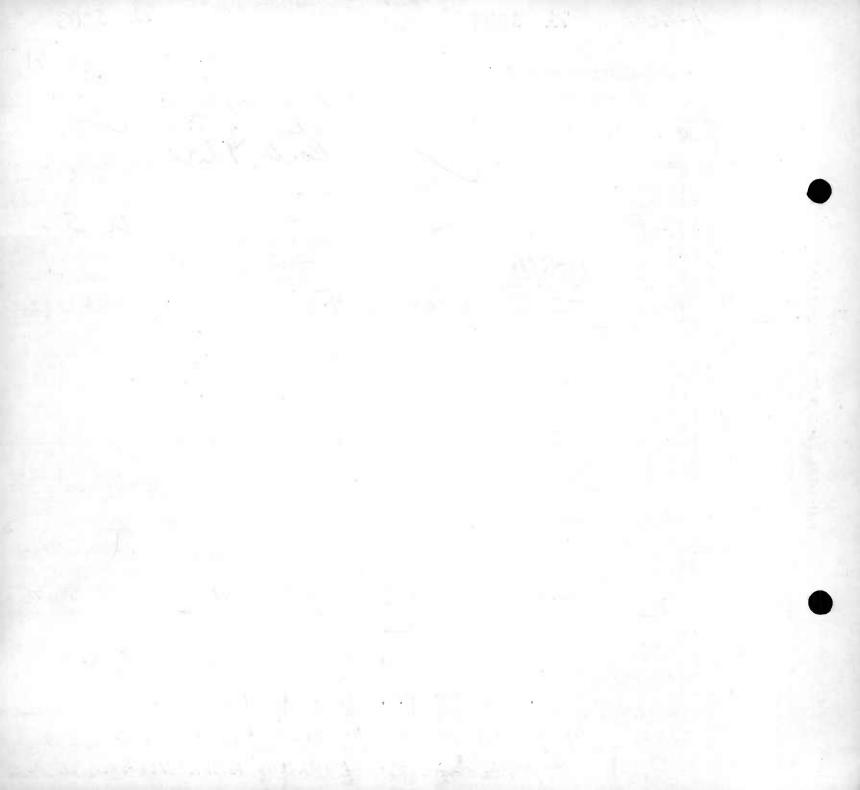
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

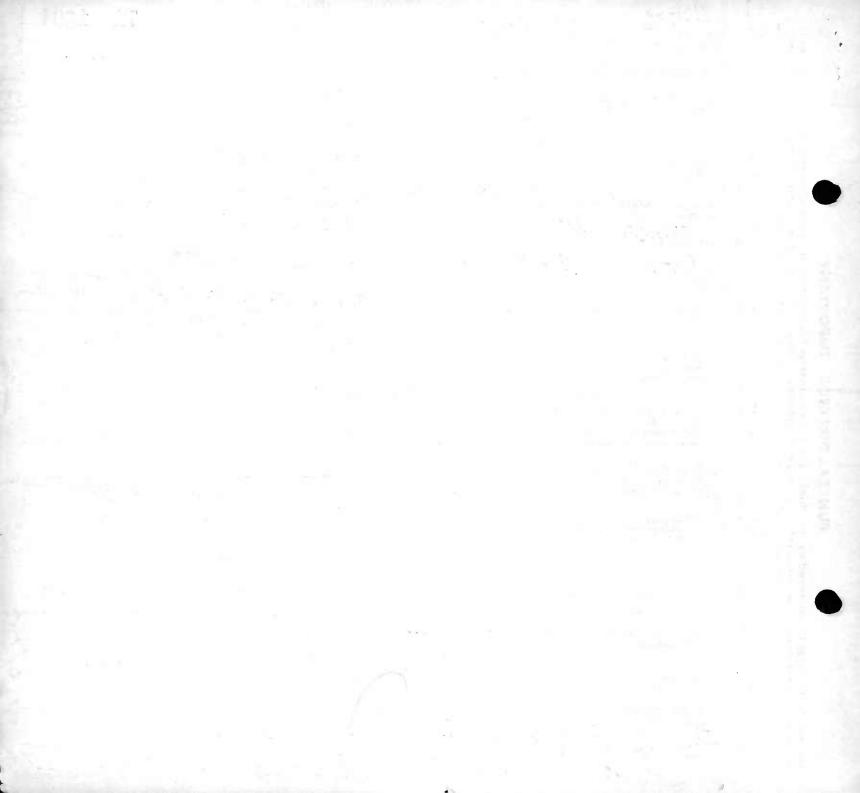
BALTIMORE CITY HEALTH DEPARTMENT

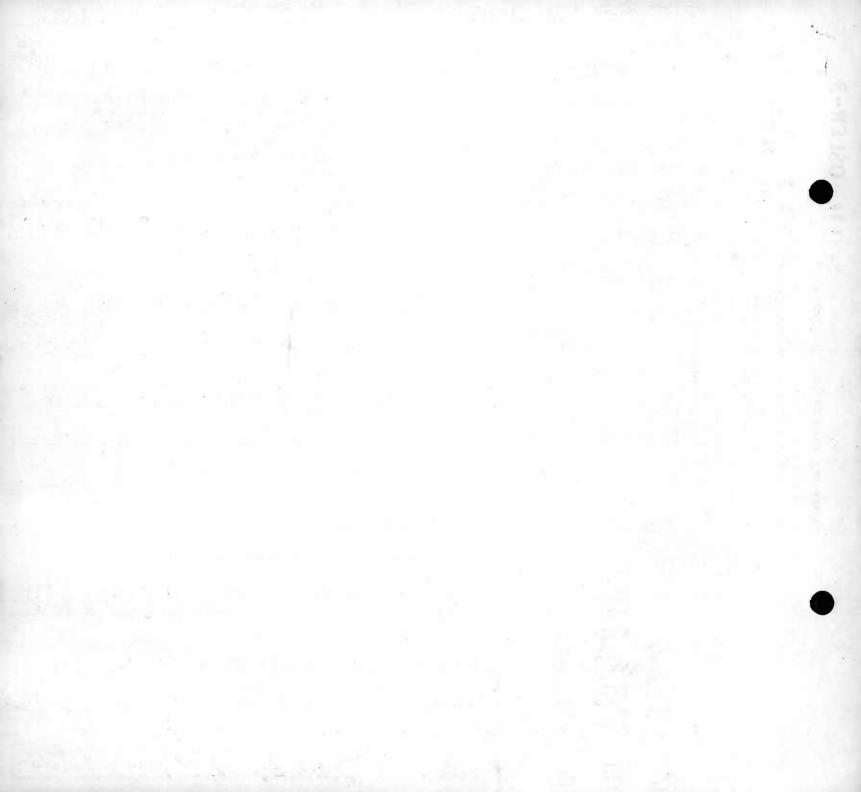
USUAL RESIDENCE (Where deceased lived, If institution; residence before D. INSIDE CITY LIMITS? NO If Under 24 Hrs. If Under 1 Yr. Manths: Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 2-13 1971 and that in (my) (cor) opinion death occurred on the date 23B, DATE SIGNED



a hospital and

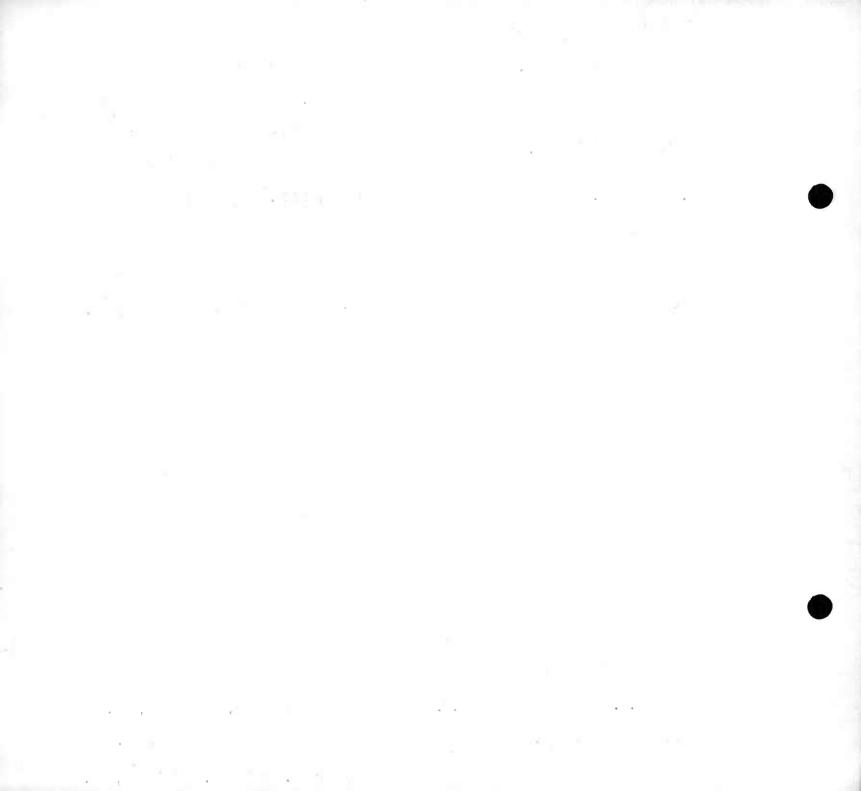
1	BALTIMORE CITY	HEALTH DEPARTMENT		Marie America
H-536 71 150	4 CERTIFICA	TE OF DEATH	REG. NO	71 1504
NAME OF DECEASED			HOUR OF DEATH	0-0
Jusee ander	zon'	-	2-13-7.	// - P M.
L PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE I Where	deceased lived. Il in	stitution: residence belare admission)
FULL NAME OF (IF NOT IN HOSMTAL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN	In INICI	DE CITY LIMITS?
NSTITUTION	4-1	Ralls -	D. 11431	YES NO
Mercy Ha	spetal	E. STREET AND NUMBER	100	
	<i>V</i>	1400 Hans	20 CM	
SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 19.	AGE [In years birthday)	Months Days Hours Min.
WIDOWED	DIVORCED _	4/19/98	72	
A. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	Country	12 CITIZEN OF WHAT COUNTRY
one during most of working lile, even if refired)		Balts:	nse	
FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
CLAMES MATTON	= W S	Emma C	ollins	1
Was Decomped Ever in U. S. Armed Forces?	1 & SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give war or dotes of service)	SECURITY NO.	marie Darc	e 1217.	& lancoot In
183 -/ 9:01	CAUSE OF DEAT	MASSIVE Plev	ral Effusi	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		se Atelectasis	- Both. 1	omer 4 das
1This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAL	ISPANIE OF	100	5
heart failure, asthenia, etc. It means the disease,	DUE 10, OK AS	A CONSEQUENCE OF:		
injury or complication which caused death.)	M	and Fails	1	2 11/2
ANTECEDENT CAUSES	(8)	CARDIAL FAIL	· · ·	2 200
DISEASES OR CONDITIONS, If any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove cause (A) stating the UNDERLYING CONDITION tast.	(1)			
	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 21B	WHICH OPERATION	20A-AUTOPSY? (Yes of No.)	208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
WAS PERFORMED		YES.	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING TICALISE OF	PLACE OF INJURY leage, i	n or about 21 C. WHERE DID	(il In Boltimor	e City, give exact location)
DEATH (notify medical examined etc. 21D. TIME Month) Doy) (Year) (Houd) 21E OF INJURY	INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
OF INJURY	ile At Not While			
(APPROX)	rk At Work			
22. I certify that (I) (this hospital) attended t	he deceased from	2/8 19	71 to 2/	19/
that (1) (we) lost sow the deceased alive on	2/13	19	In (my) (our) opl	nion death occurred on the dote
and hour and from the couses stated above.	H) (We) (did) (did-not) v	lew the body ofter deoth.	71	
23A, SIGNATURE		·		23B DATE SIGNED
NOH Molomas	MATO Atte	ending Med. Sk	off X	2/14/71
23C. PHYSICIAN'S	DEGREE Phy	23D. ADDRESS	73,	1 ///
NAME (Type)				
	DEGREE			
4A. BURIAL CREMATION, 24B. DATE 24C. N	AME OF GEMETERY OF CR	EMATORY 24D. LOC	ATION (C)	ly, town, or county) (State)
Burnal 2/18/71 (h.	fukus nen	· FX and	ules .	The /
SA. DATE REC'D BY HEATH DEPT. 258, NAME	OF REGISTRAR	25C AUNERAL DIRECTOR	7) (ADDRESS
FER THE MOTE CO. D. O. D.	7/2012 10 0/	a Prespha de	Lork.	13/4/n/h-11
LU 1 W PM LEGIST IN WAR	The or the same		11 0 CAT 1	- JUL MI (Jana 4 0





	B. 150 M	BALTIMORE CIT	Y HEALTH DEPARTMENT		PHA				
BII	B-650 71 15	06 CERTIFICA	ATE OF DEATH	REG. NO	/1	1506			
1, 1	NAME OF DECEASED			HOUR OF DEATH					
(1y	Pe er Print) WILLIE BRI	OWN	2 12 1	74	1	10 400 4			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UN CED DEAD	4. USUAL RESIDENCE (Where d	eceased lived. If in	stitution: residenc	e before odmission)			
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN	NSTITUTION CIVE STREET	MARYLAND	BALTIM	ORE CIT	V 10 01			
H	DISPITAL OR ADDRESS OR LOCATION)	THE THE TREET	C. CITY OR TOWN		DE CITY LIMITS?	10-01			
ľ	THE JOHNS HOPK	INS HOSPITAL	BALTIMORE		YES X	NO			
	2 3		E. STREET AND NUMBER	T OTOGE					
_	20		1011 SOMERSE	ET STREET	1				
5, 5	made	RIED NEVER MARRIED		AGE (In years	Il Under 1 Yr. Months: Doys	If Under 24 Hrs.			
	ALE NEGRO WIDON		10110115	35					
don	USUAL OCCUPATION (Give kind of work 108, KIN)	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stole or foreign	country)	12. CITIZEN OF	WHAT COUNTRY?			
1	LAKOTER		3.6.						
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NAME						
	WILLIE BROWN		FLLA KE	LLER					
(Ye	Was Deceased Ever in U. S. Armed Forces? s,ne or unknown) (If yes, give war or dates of servi	ice) SECURITY NO.	17. INFORMANT		ADDR	IESS T			
	NO		LILLE FOW-	IR 809	1. Wash	month of			
1/	18. (2) / 7, 91	CAUSE OF DEA	TH .			OXIMATE INTERVAL			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH						
	LEADING TO DEATH	(A) IMMEDIATE CA	use Cardiopulmonay askest I her.						
	heart failure, asthenia, etc. It means the disease.								
	injury or camplication which caused death.)		1	-06					
	ANTECEDENT CAUSES (8)								
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:								
	UNDERLYING CONDITION lost, (C) San weath mulesy To Couldry								
_	11								
101	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN	NG			- 1				
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************		***************************************		*************			
CERTIFICATION	1/1/20 2/0 /n WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY! (Yes or No.) 20	OB IF YES, WERE F	INDINGS CONST	DERED			
CER		218 PLACE OF INJURY (e.g.,		Of t B later		1			
	21A, A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, form, foctory, street, c	ffice bldg. INJURY OCCUR?	(it in politimore	City, give exoct	locotion;			
OIC.									
MEDICAL	OF INJURY	21E INJURY OCCURRED While At Not Whi	216 HOW DID INJURY	OCCUR?					
	(APPROX.)	Work Al Work							
	22. I certify that (1) (this hospital) attende	ed the deceased from	TEC 28 19	70 to	T. = B 1	12 19 71			
	that (i) (we) last saw the deceased alive (on	19 7/ ond that I	n(my) (our) opin	ion deoth occu	erred on the dote			
	and hour and from the causes stated above	e. (1) (We) (did) (did not)				ARTHUR STORY			
	23A. SIGNATURE			1	238. DATE SIGNI	ED			
	James K Mu		onding Med. Staff	i de	2/12/-	7,			
	23C.PHYSICIAN'S	DEGREE	s. L. Director L. Phys 23D. ADDRESS	* * *	1101				
	NAMERTYPE TRMES K.	MOLEV, MD	JOHNS HOPKIN	5 Kbeni.	TAL BAI	THESE MI			
24 A	BURIAL CREMATION, 248, DATE 240	C. NAME of CEMETERY OF CR	EMATORY 24D. LOCA	TION (City	y, lown, or county	II. (STOLE)			
40	REMOVAL (Specify)	mit. Only		a. Nois		50/1)			
25 Å	DATE REC'D BY HEALTH DEPT. 25B. NAM	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	n Coll	1/	DKESS /			
	FER 16 4095 (2.2 2 2 2)	2 720 B	A DE O GEL	EUN.	1204/	Janhal W			
V\$	150-REV. 1/1/68	The state of the s	1 1 Company 1 3/1	1111/1/	10-111				
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BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. I. NAME OF DECEASED 2. DATE Known | Month Doy Yeor (Type or Print) ANNA MC FARLAND Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Hour Month Yeor PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 12 1971 5 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY 20 W. 25th St. Maryland 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS 8. MARRIED NEVER MARRIED female. white Balto. WIDOWED -DIVORCED YES 4 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER lost bighdoy) Months, Doys, Hours, Min. June 7, 1891. 20 W. 25th St. 11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Maryland Joseph P. McFarland 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even If retired)
Homemaker Anna McKeown 17. SOCIAL SECURITY NO. 16. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 8. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) Mrs. Carmelita R. Boyd, 2817 Sy. Paul St. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If In Boltimore City, give exact location) home, form, foctory, street, ollice bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH 22D. TIME (Month) 22E.INJURY OCCURRED (Year) (Hour) 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) m. WORK AT WORK 23. I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Natural courses X Sulcide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER 2 - 13 - 71Leidore Mihalakis, M.D. NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) 2/16/71. New Cathedral Cemeterv Baltimore, Md.

258. NAME OF REGISTRAR

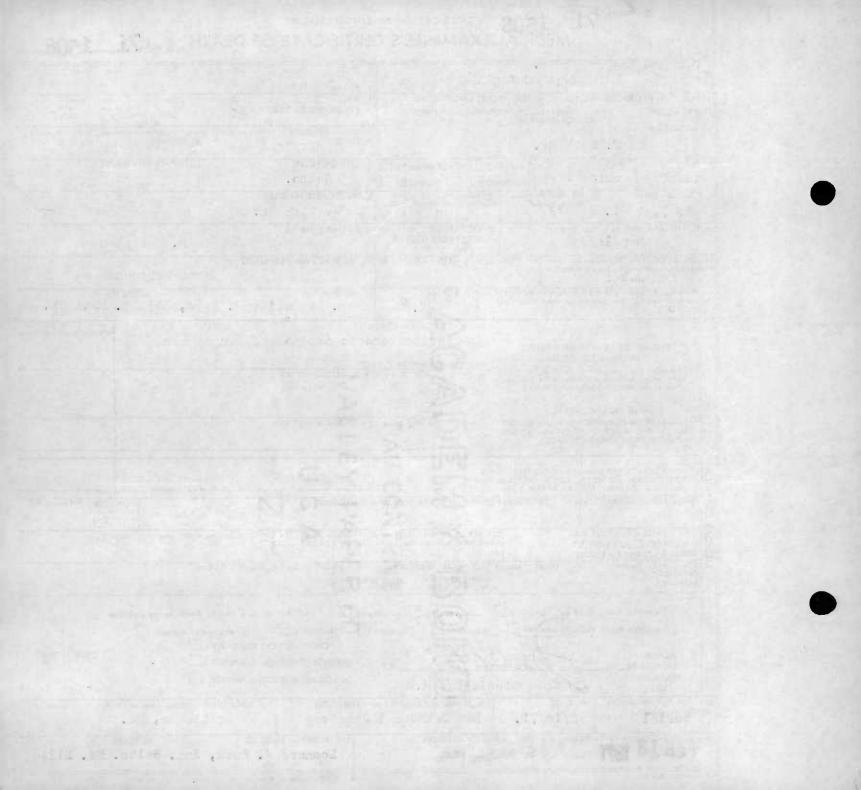
VS 151-REV. 1/1/68

2SA. DATE REC'D BY HEALTH DEPT.

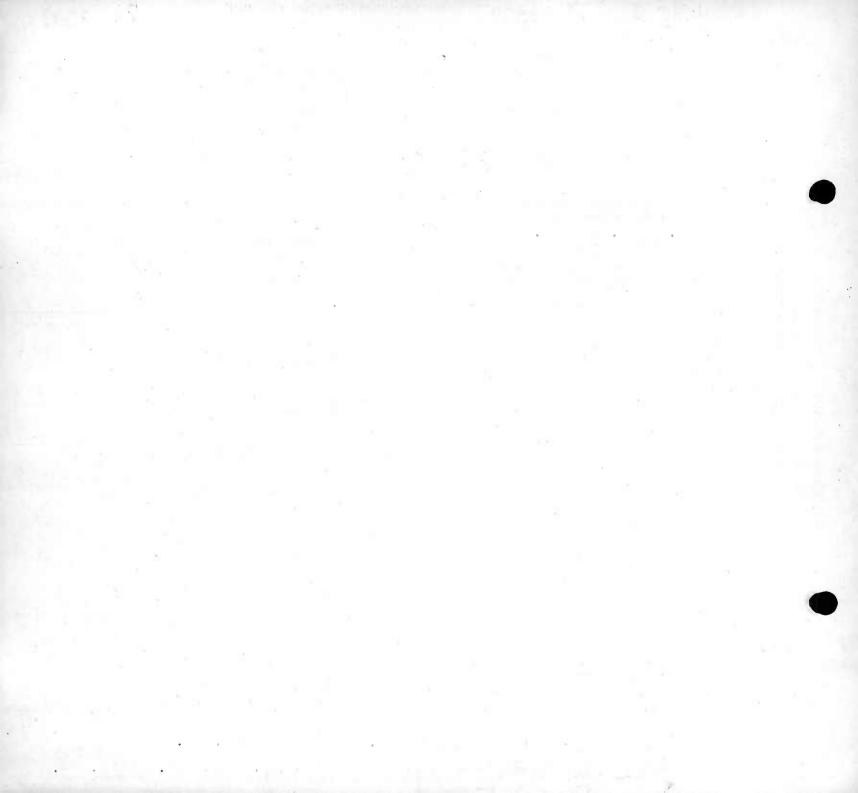
2SC. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, Inc. Balto. Md. 21214



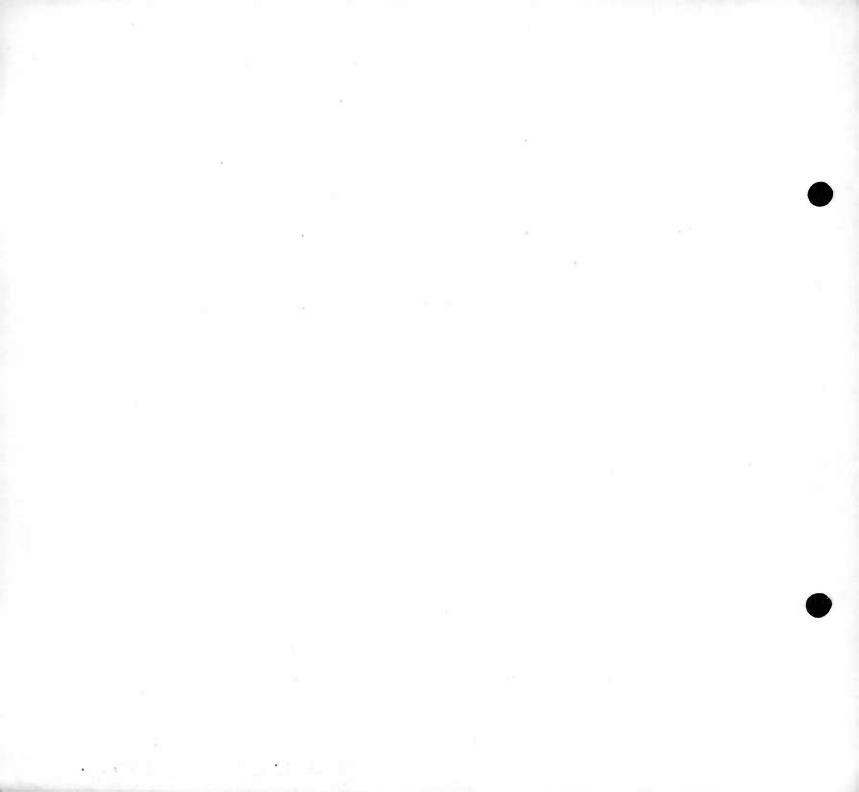
FUNERAL DIRECTOR:



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

ĺ	J-140 BIRTH NO.	71 1	511		HEALTH DEPARTMENT	REG. NO	71	1511
	(Type or Print)	ROSE	TA	BLER		uary 13, 197		11301
	3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If i	nstitution; reside	nce before odmission)
	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	TION, GIVE STREET	Md.	27-	-58	
ė	00	5740 Mapl	ehill Ro	ed	Baltimore E. STREET AND NUMBER	5740 Maple	YES K X	NO 🗌
made	5. S EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years		
	Female	White	WIDOWED	DIVORCED	Sept. 3, 1867,	lost birthdoy)	Months Day	r. If Under 24 Hrs. s Hours Min.
n is	IOA. USUAL OCCI	UPATION (Give kind of work working life, even if relired)	IOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN	OF WHAT COUNTRY?
9	1	ewife			Marylan	.d	USA	
osi	13. FATHER'S NA	ME	L		14. MOTHER'S MAIDEN NA	ME		
disposition		John P.	Towson	n		Mary	E. Pa	rsons
	15. Wos Deceosed	Ever in U. S. Armed Fore	cos?	1 6. SOCIAL	17. INFORMANT		AD	DRESS
ına	No	111 yos, give wor or dolo	s of solvice;	SECURITY NO. None	Mrs. Marie Sm	ith	4 -	me)
=	18.24	2.4		CAUSE OF DEATH			, AP	PROXIMATE INTERVAL
0		E OR CONDITION DIR	ECTLY	antinu	religible Can	deover what	BETW	EEN ONSET AND DEATH
E		LEADING TO DEATH	A.d	(A) IMMEDIATE CAU	se derine	_	Vogos	
0	heort foifure,	asthenio, etc. It means	the diseose.	DUE TO, OR AS A	CONSEQUENCE OF:			
E		plication which caused	death.)					•
0	1 1	INTECEDENT CAUSES		(B)	A CONSEQUENCE OF:			
are	riso to the	R CONDITIONS, if abave cause (A)	stating the	DUE TO, OR AS	A CONSEQUENCE OF:			
Sui	UNDERLYING	CONDITION last.		(c)	****************			*************
E	Z OTHER SIGNIE	II CANT CONDITIONS CON	(TRIBLITIAL C					
9	TO THE DEAT	H BUT NOT RELATED TO THE	IE TERMINAL	60 0000 000 paga 000 d on 6000 o				
the	19A-DATE OF	OPERATION 198. CONT	DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yos or N	208. IF YES, WERE	FINDINGS CON	ISIDERED
re	U 21A, ACCIDEN	T WAS UNDERLYING	210 0	LACE OF INITION	No			
before the remains	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF modical examines	homo,	form, foctory, street, offi	or obout 21C. WHERE DID ce bidg., INJURY OCCUR?	(II In Boltimor	e City, give exo	ct location)
	21D. TIME OF INJURY	(Month) (Doy) (Your)	(Hour) 21E, I	NJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?		
ained	(APPROX.)		While	Not While				
	22. I certify	that (1) (this hospital)		deceased from	may	1970 to	Labour	14/2.07/
0	that (I) (we)		curred on the date					
<u>۵</u>	and hour ond	mon deuth oc	curred on the date					
must	23A. SIGNATE	9 /11	//:	/	cw file body offer deoffi.		23 B. DATE SIG	NED
		E. Allan	the	DEGREE Phys.	ding Med.	Staff Phys.	15/	7/
approval	23C. PHYSICIAI		0 .	2:	D. ADDRESS	,	1/10/1	4
p		A. ALIE	an Spier	MD	1501	Pentridge R	oad /	
	24A. BURIAL CREA REMOVAL (S	pecify) , ,	1	AE of CEMETERY OF CREA	AATORY 24D. L	OCATION (Cit	y, town, or cou	nty) (Stoto)
6	Burial	2/17/71	. Loud	on Park Cemet	ery	Balti	more, Md	•
Written	FEB 16	BY HEALTH-DEPT.	258, NAME OF	REGISTRAR	Leonard J. R			DDRESS 21214
L	VS 150-REV. 1/1/6	R	F. A			miles Do	Loos Mu.	

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	l l	BALTIMORE CITY HEALTH DEPARTMENT
	DED ST	#-125 71 1512 CERTIFICATE OF DEATH REG. NO. 71 1512
	deat deat ease n th	1. NAME OF DECEASED
	of death of death Deceased on the ath. Such	Type of BENZAMIN HOPKINS 2-7-71 805 AM.
	De de H	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)
	in a hospi ng cause or cause; (5) D attendance ior to deat	A. STATE 6. COUNTY
	hosi Jse (5) lanc	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)
	a h rau rau rau to	INSTITUTION / D. INSIDE CITY LIMITS?
	l in a ng cau cause; attend ior to	BALTO, YES D NO
	D.= L.	E. STREET AND NUMBER WIDS E. FAYETTE ST. S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthday) Months; Doys Hours Min.
	d a d d	REY CIRCLE HOSPICE VIOS E. PAYETTE ST.
	occurre ontribut ermined regular regular is made	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthday) Manths; Doys Hours Min. WIDOWED DIVORCED /-/ - 1889
	occont ont reg reg eas	WIDOWED DIVORCED 1-1-1884
	th co in on i	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	P - P - P -	
	de Ura	STREET, MD. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
6	rect (4) U was the spos	
Ξ	함께 사는 다음	DOHN R. HORKINS HENRIETTA BUFATER
A	kind; kind; deat deat inal c	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor at doles af service) 16. SOCIAL SECURITY NO.
2	W - E 12	UN 13-30-71120 MRS. HUDSON 2700 White ALE
ORT	s as any ced nda	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 213-36-7112A MRS- HUDSON CAUSE OF DEATH BALLEY OF THE SOUTH AND ALLY OF THE S
IMP	his c fan ince end d ou	
3	Also, e of noun atter	LEADING TO DEATH
••	F E - E	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heort laiture, asthenio, etc., it means the disease, injury ar complication which caused death.) (A) IMMEDIATE CAUSE ALLIE MYSELLICAL ALLIE DUE TO, OR AS A CONSEQUENCE OF: OF THE TOTAL ALLIE A
OR	0 - +	injury ar complication which caused death.)
5	とここののの	ANTECEDENT CAUSES AS AS AS
7	Xan	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
Z.	al e x (3) (3) an ns a	nise to the abave cause (A) stating the
0	8 8 6	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
-4	medical berns; burns; hysicic in was remain	O THER SIGNIFICANT CONDITIONS CONTRIBUTING Providetty
S	E of the state of	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
NER	a mody ne pricial the the	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION
Z		198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
교	tal by by (2) B here t No phy before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (II In Bultimore City give exect location)
_	+=~=	OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice bldg., INJURY OCCUR?
	8- 5 >	DEATH Inotify medical examiner) 21D. TIME (Month) (Day) (Yeard (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While ST. Not While ST.
	9 4 4 9 9 P	OF INJURY
	0 0 0 5 5	Work LJ At Wark LJ
		22. I certify that (1) (this hospital) attended the deceased from 19 7/ to 19 7/ 19 7/
	0 0 0	that (1) (we) last sow the deceased clive on
	9 는 0 전투 및 I	ond hour and from the couses stated obove. (1) (We) (did) (did not) view the body ofter death.
	eased ident hospit deat must	23A. SIGNATURE 23B. DATE/SIGNED
	30.52.	
	E 0 0 0 + 0	DEGREE Phys. L. Director L. Phys. L.
	was r An a L at o prior	NAME TYPE
	certificate moody was released to D.O.A. at a P. Cased prior to ten approval	DECREE CIA JE DEGREE
	世春年の日日	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) (Stole)
	This certification the body shows: (1) was D.O.A deceased written ap	BURIAL 2-10-91 SLATE RIDGE DELTA YORK PA.
	This ce the bo shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	される きゅう	FEB 16 1971 Chase Jalle M.D. O O WOLLN H. HARKINS, Delta Pa
		VS 150-REV, 1/1/68

unable to obtain aprior address.

ATTOTAL LEWIS HIH HILL

J - 60 BIRTH NO.	71	1513		TE OF DEA		40				
M.E. CASE NO.	ECEASED				ATE AND HOUR OF DEA	ATH.				
(Type or Print)	WILLIAM	R TOR	TA ACT		eb. 11, 197					
3. PLACE OF D	DEATH IN BALTIMORE, MA	RYLAND	DAN	4. USUAL RESIDENC	E (Where deceased lived.	If institution: residence before admission				
FULL NAME HOSPITAL O	R oddress or locotic	or institution,	give street	A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)						
institution 12	240 Darley A	ve.		Baltimor D. STREET ADDRESS	е					
00	•			1240 Dar	ley Ave.					
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.				
Male	Negro		o, DIVORCED (specify)	5-8-97	lost birthdoy)	Withins Coys Hours With.				
10A. USUAL OC	CUPATION Give kind of wor	LIOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote		12. CITIZEN OF				
done during most	of working life, even if retired)	D- 47		779		WHAT COUNTRY?				
13. FATHER'S N	AME	Rail	road	Virginia	EN NAME					
Yarrix	Fordan ed Ever in U. S. Armed Fo			Vergi						
15. Was Deceas (Yes, no or unkno	wn) (If yes, give wor or dot	rces? es of service)	16, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
Yes	WWI		705-10-3164	Mrg. Arn	eite Tyree	1240 Darley Ave.				
18. 15	OXI		CAUSE O	F DEATH	.0100 1,100	INTERVAL BETWEEN ONSET AND DEATH				
DISE	ASE OR CONDITION DI	RECTLY	Λ		/					
(71:	LEADING TO DEATH	1.2	(A) CY	+ remones	of the exopt	gus i				
	not meen the mode of re, esthenio, etc. It meens		DUE TO			0				
	omplication which coused									
	ANTECEDENT CAUSES		(B)	0						
	OR CONDITIONS, if									
	the obove couse (A) NG CONDITION lost.	stoling lhe	(C)	•••••	*********************					
	3991									
E TO THE	SNIFICANT CONDITIONS (DEATH BUT NOT REL	ATED TO TH	G IE	· · · · · · · · · · · · · · · · · · ·						
DISEASE O	OF OPERATION TABLE CONTRACTOR OF OPERATION TO SERVICE CONTRACTOR OF THE CONTRACTOR O		WHICH OPERATION	20A. AUTOPSY? (Ye	es or No. 20B. IF YES. WE	ERE FINDINGS CONSIDERED				
19A.DATE		FORMED L	A 0 0		IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?				
21A. ACCIE	DENT WAS UNDERLYING	21B	PLACE OF INJURY (e.g. in	or obout 21 C. WHERE	DID (If in Bolti	more City, give exact location)				
	IBUTING CAUSE OF tify medical examined	hom etc.	ne, form, foctory, street, of	fice bldg., INJURY OC	CUR?					
U	(Month) (Doy) (Year)	(Hour) 215	. INJURY OCCURRED	215 HOW	DID INJURY OCCUR?					
S OF INJURY			ile At Not Whil		DID INJURY OCCUR:					
(APPROX.)	· ·	Wo		<u> </u>		-				
22. L certi	fy that (1) this haspita	l) ottended t	he deceased from	13/71	19 71 to	7/6 1971				
that (1) (w	re) lost saw the deceas	ed olive on	2/6	19 7/	ond that in (my) (our)	opinion death occurred on the de				
and have a	and from the causes sta	ted above	D (We) (did) (did not)			The Market of the Control of the Con				
23A. SIGNA		100 000 101(, (e, (a.a, (a.a))	1011 1110 0007 01101	3001111	23 B. DATE SIGNED				
10	1111		M.D. Atte	ending Med.	Stoff	21121				
23C. PHYSIC	TANE	user	Phy	s. Directo	Phys.	07/3/7/				
NAME	(Type)	$\Lambda = \Lambda$		Z I) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Willia	Im Joseph	Hocke	nson M.D.	Johns 1	dopkins	Plosp Baltimore				
24A. BURIAL C REMOVAL	REMATION, 24B. DATE L (Specify)	24C. N	AME of CEMETERY of CRE	MATORY	24D. LOCATION	(City, town, or county) (Stote)				
Burial		יים ביי	hutus Mam Pe	nk	Balto. Md					
	BY HEALTH DEPT.	25B. NAME	butus Mem Pa	25C. FUNERAL DI	RECTOR	ADDRESS				
FEB 1	5 1971 Page 6	E JAR.	Reb il			North Ave.				
'S 150-REV. 1/	11/65			Thur or Ma	A VAN JAO DA	HOLDH WAGA				

FWI . 1 . 16% n - Landing

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7 howard or one of

Tibelle is a mer affect of the District Ave.

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BIE	STH NO.	4	MED	DICAI	L E>	CAMINER'S	CERTIF	ICATE	OF I	DEAT	TH REG. N	0	11	1514
1.	NAME OF DEC	EASED	J				2. DATE	Known		Month	Doy	Ye	eor I	Hour
(Ту	e or Print)		PERRY	SANT	OS		OF DEATH	Estimote						AA
4.	PLACE IN BAL	TIMORE, M.	ARYLAND, V	WHERE P	RONC	UNCED DEAD	3. DATE			Month	Doy	Ye	eor i	Hour
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPIT	AL OR INS	STITUTIO	ON, GIVE STREET		RESIDENCE		2 lecessed	12	19		2:05 PM
	Jo		pkins H	lospi	tal	(D)DA)	A. STATE	Md.	(B. COUNT	Υ	8	1-02
	SEX	7. RACE		8. MARI	RIED	NEVER MARRIED	C. CITY C	RTOWN			D. INSIDE	CITY LIMI	ITS?	
n	nale	negro		WIDON	WED [DIVORCED		Ba1	to.			YES 🔀	N	o 🗆
9. [DATE OF BIRT	Ĥ	10. AGE (I	n yeors		nder i Yr. If Under 24 Hrs. hs, Doys, Hours, Min.	E. STREET	AND NUM	BER					
3	2-18-60)	lost birthde	"			17	13 N. P.	atter	cson	Park Av	re.		
	BIRTHPLACE (S		gn country)			ITIZEN OF	13. FATH	R'S NAME						
	Marylar	nd			\ \	HAT COUNTRY?	Sta	nley N	ance	3				
144	USUAL OCCU	PATION (GI	ve kind ol work	14B. KINI	OF B	BUSINESS OR INDUSTRY	15. MOTH	IER'S MAIDE	N NAME	Ē				
don	e during most of w	orking life, e	ven if retired)				hod.	. 7 4	Comb					
16.	WAS DECEAS	ED EVER IN	U.S. ARMEI	D FORCE	5?	17. SOCIAL	18. INFO	eline	Sant	LOS		ADDRESS	S	
(Ye	s, no or unknown)	(if yes, give	wor or dotes	of service)	SECURITY NO.			~ .					Di- A
	10	. 4 1 20	1	-		CAUSE OF DEA		eline	Sant	cos	1713 1	atte	TSO APPRO	OXIMATE INTERVAL
	- 8	1 51	10			CAUSE OF DEA	ın							N ONSET AND DEATH
			DITION DIRE	CTLY			,	(-1 + - 1 - 1						
		LEADING TO	mode of dy	dec e e		(A)IMMEDIATE	2005	Multipl		jurie	S			
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	injury or com	ipiiconon with	icii coosea de	om.,								res il		
	A!	NIECEDENI	CAUSES			(B)								
	DISEASES (OR CONDITI	USE (A) STA	Y, GIVING	-	(B) DUE TO, OR	AS A CONS	EQUENCE OF	F:					
7	UNDERLYIN	G CONDIT	ION LAST.		114	(c)								
ō			II		-	(0/111111111111111111111111111111111111								
CERTIFICATION			NDITIONS C											
문			TRELATED TO			49-4-4-4								
RT						WHICH OPERATION W	AS PERFOR	MED				21. A	UTOPS	Y? (Yes or No)
ਹ	21												yes	
7	22A. EXTER	NAL CAUSE	WAS		22B. P	LACE OF INJURY (e.g.,	in or obout	22C. WHERE	E DID (H	in Boltim	ore City, give	exoct locati	-	
EDIC	UNDERLYING				hom e,	, lorm, foctory, street, office Street	e bldg:, etc.)	INJURY OC	CUR?		of Mil			21.60
ME	UTING CA		ATH. Doy) (Yea	r) (Hou	r) 22	E.INJURY OCCURRED	3	22F. HOW D				LOII A	ive.	98-00
п	OF INJURY (APPROX.)	2-12-7		.05			WHILE					100		
	23.	2-12-1	, т т	:25 I	Pm. W	ORK ATW	ORK Z	Hanging	g on	раск	of tru	ick, i	ell	off and
		Ify that	eld on	nquiry [7	Inspection Au	topsy 🔀	and the	t an thi	e basis	, death in n			n over.
		/						domicide _	7)11	
	resul	red from: I	Notural cou	304	.A.	cident Suicid	ie 🔲 📗				Ined manne	r L.J		
	ACTUAL		//	11	20	10		CHIEF MED					D	ATE SIGNED
	SIGNATI	JRE	-11	youn	wea	M.D	. AS	SISTANT MED	DICAL EX	AMINER	=			
	EXAMIN	-	Sido	re Mi	iha1	akis, M.D.	ASS	OCIATE MED	DICAL EXA	AMINER			9 .	12 71
24	NAME (1		24B. DATE	111		. NAME of CEMETERY	on CREALA	TORY	1240 10	CATIO	1 /0		-	13-71
	MOVAL (Speci		Z-O, DAIE		240	STAME OF CEMETERY	or CKEMA	IORI	240. LC	OCATIO	(City, I	own, or co	unty)	(Stofe)
	urial		2/17/	/71		Arbutus Mer				lto.	, Md.			
25.	A. DATE REC'D	BYTHEALTH	DEPI.	25B. 1	MAME	OF REGISTRAR	250	FUNERAL D	DIRECTOR	}		ADDRES	S	
	FEB 16	27/1	Violens.	है। पद	(Sage	The same	W	m-C Ma	reh	92	8 E. 1	Vorth	A	ze.

VS 151-REV. 1/1/68

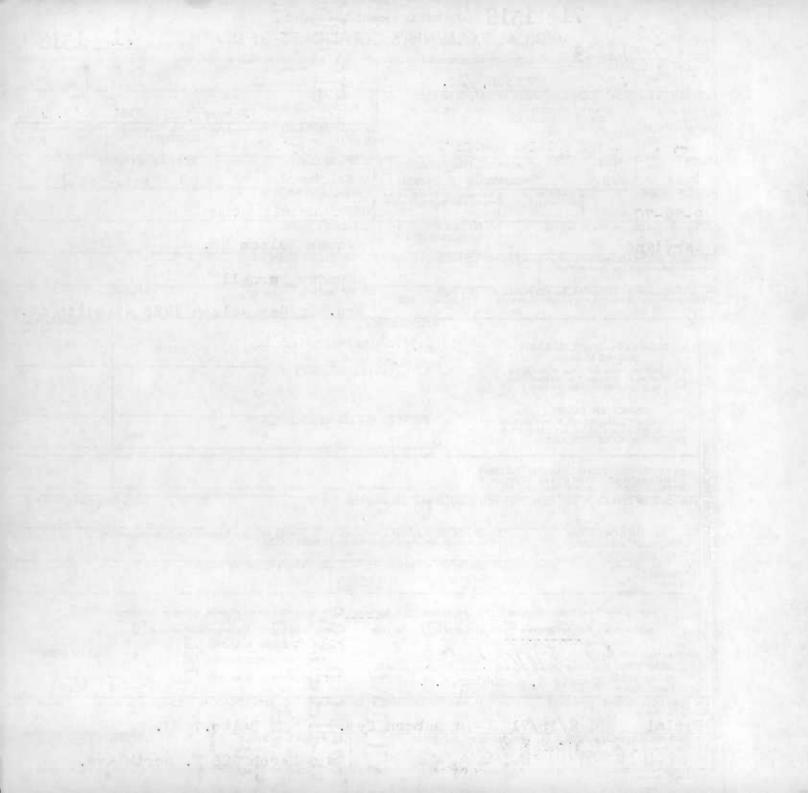
. The butter low core . Dealte. . III. to C Land - 888 E. Bottle Ava.

S-530 71 1515 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EVA MINIEDIC	CEDTIEICATE	OF DEATH
MEDICAL	EXAMINEK 2	CERTIFICATE	OF DEATH

5-53	08		TOT		MORE CITY HE			OF	DEAT	н	71	1515	
BIRTH NO.		77120			MI TERO			01	DLAI	REG. NO	0		
1. NAME OF DE		rge	. Smit	th In		2. DATE OF	Known :		Month 2	Doy 14	Yeor 71	1:30 p.M.	
4. PLACE IN BA			and a department of the same		D DEAD	DEATH 3. DATE	Lammore		Month	Dov	Yeor	Hour PM.	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	L' OR INSTI			PRONOU	NCED DE		2	14	71	1:30 R.	
OK III SIII GII GII	Johr	s Hopk	ins H	ospita	1	A. STATE Md.	SIDENCE	(Where		B. COUNTY		belore odmission)	
6. SEX	7. RACE		8. MARRIE	D NEV	ER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
male Negro widowed Divorced Balto.										YES 🗌	NO 🗆		
9. DATE OF BIRT	н	IO. AGE (In	years	If Under 1 Y	r. If Under 24 Hrs.	E. STREET A	ND NUM	BER					
3-30-32		3	_			21	30 Mu:	ra S	treet				
II. BIRTHPLACE	State or foreign			2. CITIZEN		13. FATHER'	SNAME					- E	
Marylan	d			WHAIC	OUNTRY?	Georg	e Smi	th	Sr.				
done during most of	PATION (Giv	e kind of work	148. KIND	OF BUSINE	SS OR INDUSTR								
Labore		en irrenrea)	Con	struc	tion	Annie	R. 5	stri	ngfi	eld			
16. WAS DECEAS	ED EVER IN		FORCES?	17. SC		18. INFORM					ADDRESS		
Yes, no or unknown	94.40	orean	or service)		-28-660	V Mrs.	E11:	ahe	th Sr	mith I	729 E	. Eager S	
19. 11	17 17.			1220	CAUSE OF DEA		440 440 6	,	011 01	312 024 2	A	PPROXIMATE INTERVAL	
7,10	1 00 CON	TION DIDE				Hyper	tensi	re c	ardiov	rascula	r disea	WEEN ONSET AND DEATH	
	E OR COND		TILY										
(This does n	ot meon the	mode of dy	ing, e.g.,		(A)IMMEDIATE	AS A CONSEQU	IENCE OF						
heari loilure	, osthenio, éto nplication whi	. It meons the	diseose,		DOE 10, 0K	AS A CONSEQU	DENCE OI.						
DISEASES OF THE UNDERLYING	NTECEDENT OR CONDITI E ABOVE CA NG CONDIT	ONS, IF ANY USE (A) STAT ION LAST.	, GIVING ING THE		(B)	AS A CONSEC	NENCE OF	:					
O TO THE DE.	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERMIN		***************************************								
20A. DATE O				OR WHICH	OPERATION W	AS PERFORM	ED				21. AUTO	OPSY? (Yes or No) yes	
22A. EXTER	NAL CAUSE		2:	B. PLACE	OF INJURY (e.g.,	In or obout 22	C. WHERE	DID (I	f in Boltimor	e City, give e	exoct location)		
UNDERLYING UTING CA			h	ome, lorm, i	ociory, streei, offic	e bldg., eic.) IN	IJURY OC	CUR?					
≥ 22D. TIME	****	oy) (Year) (Hour)	22E, INJU	IRY OCCURRED	22	F. HOW D	ID INJ	URY OCCU	JR?			
OF INJURY (APPROX.)			n	WHILE AT		WHILE ORK				MAL.			
	ify that I h	eld on la	nquiry 🗌	Inspe	ection Au	topsy XX	and the	t on th	le basis	death in m	v enlalen		
	ted fram: N							3					
resul	rea tram: N	lotural caus	Sesion	Acciden	t Suicio		micide L			ned monner			
ACTUAL	V	7	1.	15/1	111		HIEF MED					DATE SIGNED	
SIGNAT		Suf,	11	011	MICH.D	4	TANT MED			Ella-	,	0 /15 /71	
EXAMIN		Peter	Lipkov	vic, M	.D.	ASSO	CIATE MED	ICAL EX	AMINER	₹ K	4	2/15/71	
NAME (1 24A, BURIAL CRE REMOVAL (Speci	MATION, 2	48. DATE		24C. NAN	E of CEMETERY	or CREMATO	RY	24D. L	OCATION	(City, to	wn, or county	(Stole)	
Burial		2/18/2	71	Arbu	itus Mem	. Park	1 1 1	Be	lto.	, Md.			
25A. DATE REC'D	BY HEALTH		258. NA	ME OF RE			UNERAL D			,	ADDRESS		
I ED T	13/1	with the	- 40	100		Wm	C Mar	ch	928	E. No	orth A	ve.	
VS 151-REV. 1/1/6	В				i i	1 1) ;	-					

Morey Construction Angle T. acVinctical TO DEVICE THE STREET TO AND THE STREET TO A STREET THE THE RESIDENCE OF THE PROPERTY B. 18/V1 Arbutus Mer. Bark Balto. 18. with direct to High the street



Holy Rosary Cemetery

25C. FUNERAL DIRECTOR

258, NAME OF REGISTRAR

ALD

REMOVAL (Specify) Burial

VS 151-REV. 7/1/68

25A. DATE REC'D BY HEALTH DEPT.

(State)

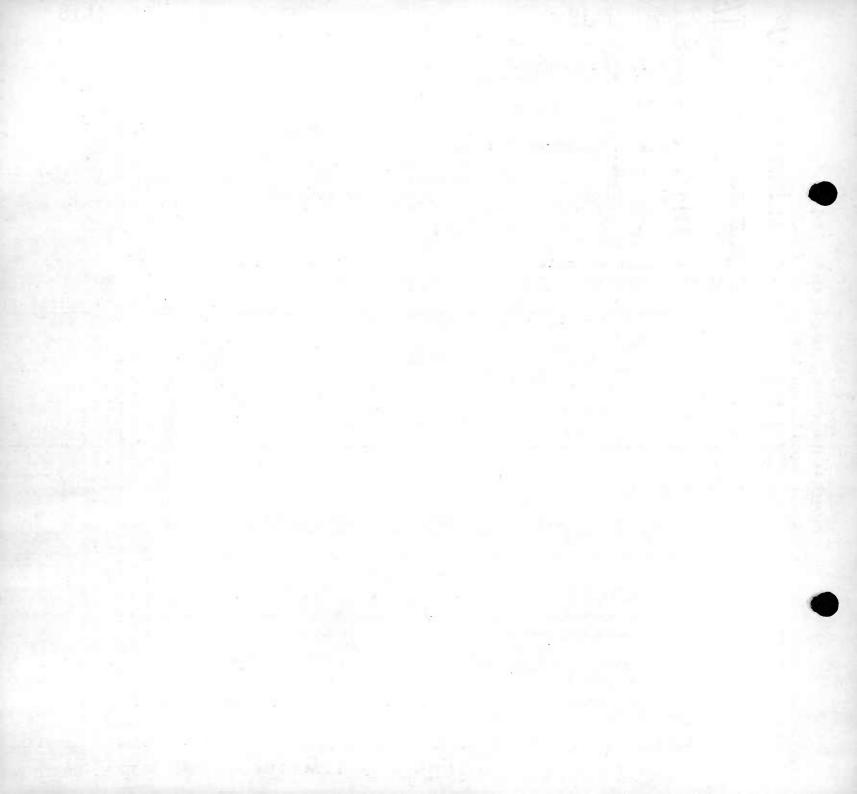
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901 Solonkling St.

Balto. . 21224 . Md.

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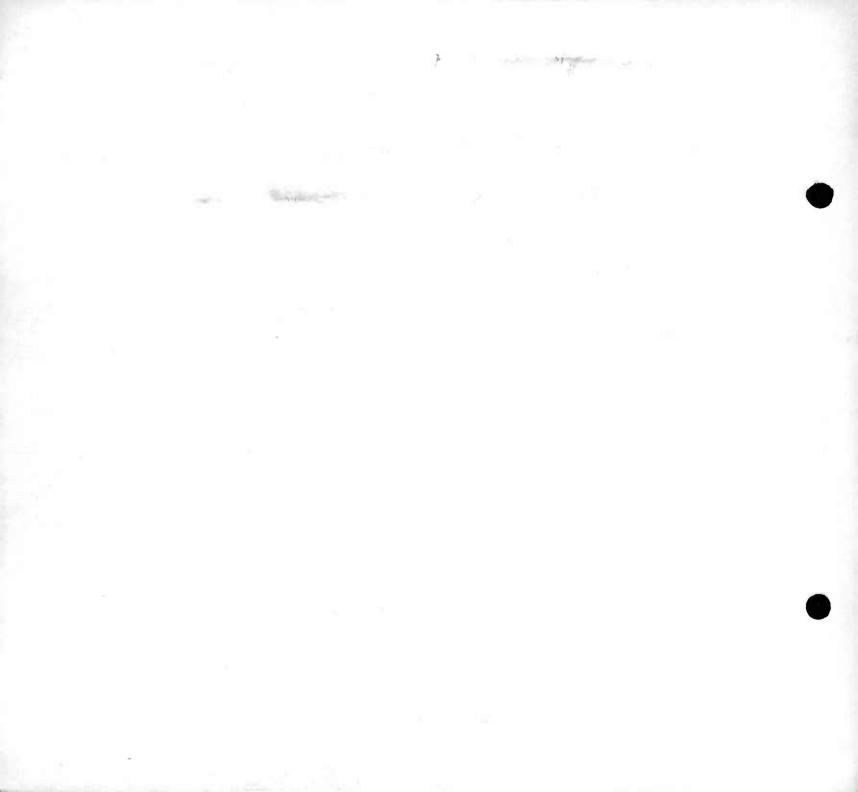
BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68

Elsinone an

13	1.50	BALTIMORE CITY HEALTH DEPARTMENT 71 1520
	ch ed ch	BIRTH NO. 71 1530 CERTIFICATE OF DEATH REG. NO. 71 1530
	l and death eased n the Such	1. NAME OF DECEASED
	oital and of death Deceased e on the ath. Such	Lucy V. Woodson Hawthorne Brown
	hospital ise of c (5) Dece ance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admirriant
	hosp ise (5) anc	
	a ho cause se; (5 andai	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) G. CITY OR TOWN D. INSIDE CITY LIMITS?
		BATTO.
	ng cau	SINA HOSPITAL OF BALTO. INCHE STREET AND NUMBER
	0 + 0 - 0 0	3717 BELLE AVE. #15
_	curre rribut nined gular ed p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 1 Under 1 Yr., 11 Under 24 Hrs.
	occur ontrib ermin regula	TEMALE NEGRO WIDOWED DIVORCED 6-15-1887 OST BOYS HOURS Min.
	cor cor eter n re	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	or con	Domestic Dryt Family
	de Cun Cun Ssit	Domestic Pvt. Family Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	rect (4) U was the ispos	77.77
7	dir dir dis	William Woodson Lucy Orgain 15. Was Deceased Eyer in U. S. Anned Forces? 16. SOCIAL 17. INFORMANT ADDRESS
A	+ 0 = 0 0	[Yes, no of unknown] [III yes, give wor or doles of service] SECURITY NO.
RT	음문 A La S'E	No 224-14-4784 Mrs. Pearl Burke 3717 Belle Avenue
MPORT	if if any ced ced	18. APPROXIMATE INTERVAL
A P	den fo	DISEASE OR CONDITION DIRECTLY
S	A a o the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
**	er.	neon losture, asthenio, etc. Il means the disease.
OR	E 6 2 2 E	injury or camplicolian which coused deoth.)
Ď	xam gami A fr who reg	ANTECEDENT CAUSES (B)
M	3) A	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
DIRE		UNDERLYING CONDITION lost. (C)
	dica cal ns; icia /as	
AL	medic ledic burn hysic in we	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
8	TE > C.D o	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 2004 AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED
NER	hie he he	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION WAS PERFORMED 200A. AUTOPSY? (Yes or No.) 100
5	the chi al by a (2) Bo ere the physi efore the	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exact location)
-	the alb (2) (2) e pl	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exoct locotion) OR CONTRIBUTING CAUSE OF home, form, (octory, street, office bldg., INJURY OCCUR?
	7.5 0 3 Z Z	D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 22E HOW DID INTURY OCCUR?
	ost ost (6)	A OF INTURY
	aria d	Work Al Work
	the except	22. I certify that (I) (this hospital) attended the deceased from 19 1 to 21 12 19 1
	of of of all (th);	that (1) (we) lost sow the deceased alive an
	V 73 . 4- 7- 4-	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	ust b gase dent ospi dea must	23A. SIGNATURE 23B. DATE SIGNED
	eleccid ccid a ho	Viron Min Attending Med. Shaff All 12/1
	0 - 0 - 5 >	23C-PHYSICIAN'S NAME (Type) 23D- ADDRESS
	ificate y was r 1) An a 3.A. at d prior approv	VICH ATTOMORAN MD AHENDING Med. Shoff Director Phys. 23C. PHYSICIAN'S NAME (Type) VICHO AT CHARTAKARN, M.D. DEGREE 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY 124D. LOCATION (City Source of Cemetery of CREMATORY) 124A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY 124D. LOCATION (City Source of Cemetery of CREMATORY)
	EXECTE	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	s o o o o o o o o o o o o o o o o o o o	Burial 2-17-71 Arbutus Memorial Park Baltimore Co. Maryland
	the bod shows: (was D.C decease	Burial 2-17-71 Arbutus Memorial Park Baltimore Co. Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RIGISTER R.D. 25C. FUNERAL DIRECTOR ADDRESS NUTTER FUNERAL HOME 3035 W. NORTH AV
	- In G	VS 150-REV. 1/1/68 NUTTER FUNERAL HOME 3035 W. NORTH AT



				7)
-	2	5	7		

MEDICAL EXAMI	NER'S	CERTIFICATE	OF	DEATH
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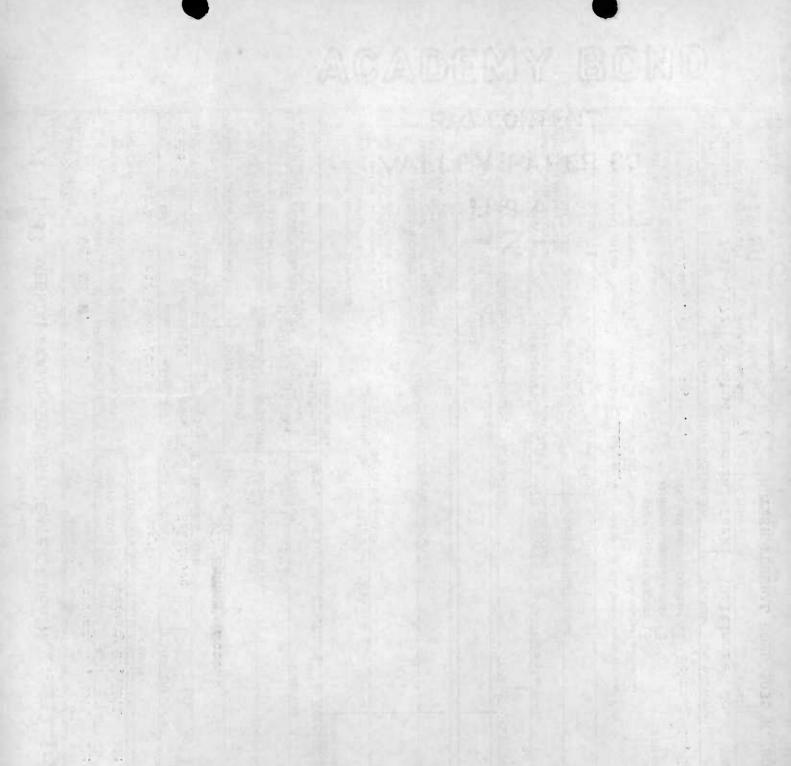
BIRTH NO.	7712	DICAL I	-AAMIIAEK 3 (CLKIIIICAI	E OF DEA	REG. NO.	/1 1581
1. NAME OF DEC					wn Month	Doy	Yeor Hour
		VETH LEE		OF DEATH Esti	moted 🔲		,
	TIMORE, MARYLAND,			3. DATE	Month	Doy	Yeor Hour
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LO	ITAL OR INSTITU CATION)	TION, GIVE STREET	PRONOUNCED 5. USUAL RESIDEN	2	14	1971 6:55 a,
42	Sinai Hosp			A. STATE Md.		B. COUNTY	27-17
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CI	TY LIMITS?
male	negro	WIDOWED			alto.	YE	s 🛮 NO 🗌
7-28-19	lost birthe	ln yeors Mo	Under I Yr. If Under 24 Hrs. onths: Doys Hours Min.	E. STREET AND N 2616 C1	umber yburn Ave.		
1. BIRTHPLACE (S	tote or foreign country)	12.	CITIZEN OF	13. FATHER'S NAM			
Marylan	nd		WHAT COUNTRY?	John Wo	ods		
4A LISTIAL OCCU	DATION (Give lind of we	LIAB. KIND O	BUSINESS OR INDUSTR				
one during most of w	orking life, even Il retired)			a Brown		
6. WAS DECEASE	ED EVER IN U.S. ARMI	ED FORCES?	I7. SOCIAL	18. INFORMANT	a brown	ΔΓ	DDRESS
NO	(If yes, give wor or dote	s of service)	SECURITY NO.	Juanita	Brown 26		rn Avenue
119.	- E7		CAUSE OF DEA		DIOWII 20.	TO CYIDU	APPROXIMATE INTERVAL
Injury or com AN DISEASES C RISE TO THE UNDERLYIN OTHER SIGN	osthenio, etc. It meons to plicotion which coused despite the plicotion which coused despite the plicotion which coused despite the plicotion of the plicotion	NY, GIVING ATING THE	(B) DUE TO, OR	AS A CONSEQUENCE	m . /		
DISEASE OR	CONDITION GIVEN IN	PART I (A).	WHICH OPERATION WA	AS PERFORMED			21. AUTOPSY? (Yes or No)
J Phone	NAL CAUSE WAS	lace	DI ACE OF COMME				yes
UNDERLYING UTING CAL	OR CONTRIB-	hom	PLACE OF INJURY (e.g., e, form, foctory, street, office	in or obout 22C. WH bldg., eic.) INJURY (ERE DID (if in Boltin OCCUR?	more City, give exac	t location)
OF INJURY (APPROX.)	Month) (Doy) (Ye		22E.INJURY OCCURRED. WHILE AT WORK NOT AT W	WHILE CT	W DID INJURY OC	CUR?	
23.	fy that I held on	Inquiry 🗌	Inspection	topsy 3 and	that on this basi	s, death in my c	plnian
result	ed fram: Natural ca	uses 🛛	Accident Suicid		F700	mined monner	
ACTUAL SIGNATU	IRE	melle	lalitos M.D.	ACCICTANT A	MEDICAL EXAMINE	EIC .	DATE SIGNED
EXAMINE NAME (T)	r'S (pe) Isid		alakis, M.D.	ASSOCIATE N	NEDICAL EXAMINE	R 🗆	2-14-71
AA. BURIAL CREM EMOVAL (Specific Burial			Mt. Auburn		24D. LOCATIO Baltin		or county) (Stote) Maryland
	BY HEALTH DEPT.		E OF REGISTRAR	25C. FUNERA			DRESS
	EB 16 1971	10	E. Jaben KD.				35 W. NORTH
S 151-REV. 7/1/68		1		+ - 5	= 0		

VS 150-REV. 1/1/68



	HEALTH DEPARTMENT
11 1543 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 74 1523
I. NAME OF DECEASED	
(Type or Print) RAYMOND W. AMES	2. DATE Known 2. Month Day Year Hnur OF DEATH Estimoted February 10, 1971 12:15 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD February 10, 1971 12:15 P.M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
Maryland General Hospital	Maryland /5-0/
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	
Male Negro WIDOWED DIVORCED	Baltimore YES NO NO
9. DATE OF BIRTH 6-9-1922 10. AGE (In years F Under 1 Yr, If Under 24 F Months, Doys, Haurs, IN	Ain.
	1623 Bakbury Street
11. BIRTHPLACE(Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Maryland USA	William Ames
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUS done during mast of working life, even il retired)	TRY 15. MOTHER'S MAIDEN NAME
waiter Home of Welch	Annie Bivins
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown) (II yes, give war or dates of service) SECURITY NO.	18. INFORMANT ADDRESS
No 217-09-88	THE BETTER OUT TO THE TOWN THE TANK THE TENT
19. CAUSE OF D	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIA	TE CAUSE Brain Injuries
	OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	OR AS A CONSEQUENCE OF:
O TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e	.g., in or about 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. UNKnown	office bidg., etc.) INJURY OCCUR? Unknown
2 22D. TIME (Month) (Doy) (Year) (Hour) 122E INITIAL OCCURRE	22E HOW DID INTURY OCCURS
(APPROX.) ebruary 3 or ? m. WHILE AT	NOT WHILE Unknown
23.	
I certify that I held on Inquiry Inspection	Autopsy X and that on this basis, death in my opinion
resulted from: Natural couses Accident Sui	cide Homlcide Undetermined monner
11 (1) (1) · A	CHIEF MEDICAL EXAMINER
SIGNATURE CLERY J. Sampale	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.D.	
NAME (Type)	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETE	RY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 2-15-1971 Arbutus Me	emorial Park Baltimore Co. Marylar
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
- LB 10 1971 16 Sent E. Markey, M.D.	MINUTED PINEDAL HOME 2025 IN MORE
VS 151-REV. 1/1/68 // 8 7 7 1 0	NUTTER FUNERAL HOME 3035 W. NORTH
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Letter from M.E.'s office 6-10-71 M.H.



12	6501	BALTIMORE CITY HEALTH DEPARTMENT
13	30 G 3 G	T1 1534 CERTIFICATE OF DEATH REG. NO. 71 1534 REG. NO. 71 1534
	of death of death Deceased e on the	1. NAME OF DECEASED 12 DATE AND HOUR OF DEATH
	5 6 6 5	BROWN, EARL FEBRUARY 10, 1971 8:10 Pm.
	hospital ise of c (5) Dece ance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	hospi use o (5) D ance deat	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND Balte & 53-00
	J 70	HOSPITAL OR ADDRESS OF LOCATION) INSTITUTION C. CITY OF TOWN D. INSIDE CITY LIMITS?
	in a ng ca cause attention to	ST. AGNES HOSPITAL WILKENS & CATON AVENUE BALTIMORE F. STREET AND NUMBER NO KX
	P.E. 0 B.E.	DALTIMODE 01000 MD
	F 3 0 0 0	S SEX GRACE IZ MONTHLAST AVENUE
	T E B E	dast bithdoy Months Doys Hours Min.
	o no	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	or o	done during most of working life, even it refired) BALTO. COUNTY
	de d	RETIRED - ENGINEER BOARD OF EDUCATION MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Sam.	m 0 ~ ≥ E 0	
Z	stant ind; (4 eath ve on that	GEORGE BROWN DEC D ANNIE (BENSON) DEC D 15. Was Deceased Eyer in U. S. Armed Forces? 116. SOCIAL 17. INFORMANT ADDRESS
Z	ssistant the di y kind; I death nce on final di	(Tes, no of anknown) (If yes, give wor or dotes of service) SECURITY NO.
2	assis f th ry k d d anc anc	NO 218078608 Mrs. Annie Bell Brown 2040 Northeast A
IMPORTA	S	DISEASE OR CONDITION DIRECTLY
Z	Also, Te of on the order of the	LEADING TO DEATH
_		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,
8	xaminer. Xaminer.) A fractu who pro	injury or complication which caused death.)
CTOR	E T O D O	ANTECEDENT CAUSES (B) COUPLICATION COLOR
EC	wh wh are	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the
DIRE	_ • O = . = .	UNDERLYING CONDITION last. (c) accinoma of auchan
Δ		
¥	medica medica burns physici an was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (a).
2	a m ody lhe plant sicia	U 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes of No.) 20B IF YES, WERE FINDINGS CONSIDERED
UNERA	A 2 A 2	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
교		U 21A. ACCIDENT WAS UNDERLYING 218. PLAGE OF (NJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
	/ ナット ウロ	S DEATH (notify medical examine)
	ospi atur pt w (6) r	21D.TIME (Month) (Doy) (Year) (Hour 21E, INJURY OCCURRED 21E, HOW DID INJURY OCCUR?
	roved In hospy y natu xcept y natu (6) ortained	While At Not While At Work
	SEXXES	22. I certify that (I) (this hospital) attended the deceased from JANUARY 28 19 71 to BEBRUARY 10 19 71
	app for the	that (1) (we) last saw the deceased alive on FEBRUARY 10 19 71 and that in (my) (our) opinion death occurred on the date
	005-7	and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death.
	dent dent ospit deat must	23A. SIGNATURE
	must eleas ccide a hos to d	Attending Med. Staff Phys. OF GREE Phys.
	0 - 0 - 5	23C. PHYSICIAN'S NAME (Type) STAGNICS HOSTIP
	certificate sody was r rs: (1) An a D.O.A. at a ased prior	DR QURESHI DEGREE BERTHURS UN 21229
	# 20 0 g d	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. EXCATION (City, town, or county) (State)
	00 00 00 00 00 00 00 00 00 00 00 00 00	Burial 2-15-1971 Arbutus Memorial Park Baltimore Co. Maryland
	" 2 " O T	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
-75	This the show was dec	FEB 16 1971 Jobent E. Jaben, M.D. NUTTER PUNERAL HOME 3035 W. NORTH AVE
		VS 150-REV. 1/1/68

2/2/21 + 2/8/21

VS 150-REV. 1/1/6B

		1	BALTIMORE CITY HEALTH DEPARTMENT 71 1526 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 71	1526
1	6	10	1. NAME OF DECEASED (Type or Print) ABE 2. DATE Month Doy Yeor OF DEATH Estimated	Hour
			4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 3. DATE PRONOUNCED DEAD February 10, 1971	Hour 4:10
		00	1031 N. Wolfe St. A. STATE Maryland B. COUNTY	- 08
			6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN Male Negro WIDOWED DIVORCED Baltimore YES	NO 🗆
			9. DATE OF BIRTH 9-13-1904 10. AGE (In yeors lost birthdoy) 10. AGE (In yeors lost birthdoy) 66 10. AGE (In yeors lost birthdoy) 66 10. AGE (In yeors lost birthdoy) 10. AGE (In yeors lost birthdoy)	
			11. BIRTHPLACE (Sicile or Toreign country) 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY? CUCJUL REAL	
			14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life even firefred)	
			16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS Notite Care	roliu
			7/RIXI	PROXIMATE INT
			DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart follure, osthenio, etc. ii meons the disease, heart follure, osthenio, etc. ii meons the disease,	
			heart foliure, osthenio, etc. Il meons the disease, injury or complication which coused death.)	
			ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO, OR AS A CONSEQUENCE OF:	
			OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION CIVEN IN PART I (A)	
			20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTO NO	PSY? (Yes or
			22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (il in Boltimore City, give exact location) INJURY OCCUR?	
			22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT WORK AT WORK	
			23,	

Accident

25B. NAME OF REGISTRA

Charles S. Springate, M.D.

Inspection V

Autopsy

Suicide ___

24C. NAME of CEMETERY or CREMATORY

CHIEF MEDICAL EXAMINER

24D, LOCATION

ASSISTANT MEDICAL EXAMINER X

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

HomicIde ...

and that an this basis, death in my apinian

Undetermined manner

DATE SIGNED

(Stote)

2-11-71

(City, town, or county)

ADDRESS

1000 BRANTLE

ACTUAL

VS 151-REV. 1/17/68

SIGNATURE. **EXAMINER'S**

NAME (Type) 24A. BURIAL CREMATION,
REMOVAL (Specify)
BURIAL

25A. DATE REC'D BY HEALTH DEPT.

I certify that I held an Inquiry

248. DATE

resulted from: Notural causes V

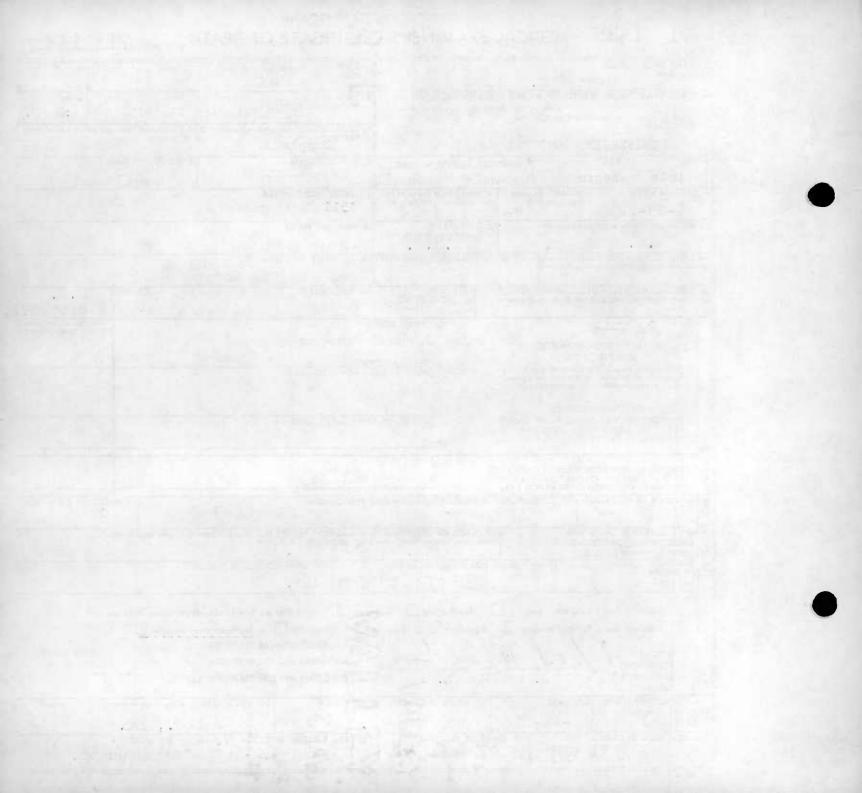
	4-07	BALTIMORE CITY	HEALTH DEPARTMENT	to a	
BIRTH N	71 1527	CERTIFICA	TE OF DEATH	REG. NO.	1537
1, NAM	E OF DECEASED	- ; ,	2. DATE AND	HOUR OF DEATH	130
	DOSEPH N-	mith	4. USUAL RESIDENCE (Where d	1/7/	6 A-M.
3. PLAC	CE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	A. STATE B. COUNTY	leceased lived, it instituti	
FULL N HOSPITA INSTITU	AL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSIDE C	15-01 ITY LIMITS?
	MERCY HOSP	ITAL	BALTIMORE	YES	NO 🗌
3	MENCE ITON	1/// _	E. STREET AND NUMBER		ナ・
5. SEX	6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 19.	AGE (In years III	Under 1 Yr., If Under 24 Hrs. nths! Days : Hours : Min.
	ALE BLACK WIDO	WED DIVORCED	1/24/08	63	
	JAL OCCUPATION (Give kind of work 108, KIN ing most of working life, even if refired)	ID OF BUSINESS OR INDUSTRY			CITIZEN OF WHAT COUNTRY?
	NTENANCE		MARYLAND		V.S.A.
	HER'S NAME	. /	14. MOTHER'S MAIDEN NAME		
K	richard Amit	L	mary		
Yes, no c	Deceased Ever in U. S. Armed Ferces? or unknown) (if yes, give war or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	0 .	ADDRESS
		218-09-8271	HOSPITAL	RECO	RDS
18.	450 XI	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ALMALACIA ZOY		4 Weeks
(Thi	is does not mean the mode of dying,	(A) IMMEDIATE CAT	A CONSEQUENCE OF:	CXIA	7600775
heo	ort failure, asthenia, etc. It means the dis any or complication which caused death.)	ease,			
, into	ANTECEDENT CAUSES	6.0.	ic Anost + My	1. O. O. O. C.	1. Unack
DIS	EASES OR CONDITIONS, if any,	(B) CELLACE	A CONSEQUENCE OF:	ouseway pape	uchan 70000
rise	to the above cause (A) staling IDERLYING CONDITION last.	the (c) Puls	menery Intaro	Pien Jo to Embi	du Mweaks,
-	1		wood Carune		
NO OTH	ER SIGNIFICANT CONDITIONS CONTRIBUT	ING , OOV	and late 1/2 1	me I ght	B 34. A.
Y DIS	THE DEATH BUT NOT RELATED TO THE TERM EASE OR CONDITION GIVEN IN PART 1 (A).		wer with very co	wax 1) py you	ary mounts
ERTIFICATION OF HIGH	DATE OF OPERATION 19% CONDITION		20A. AUTOPSY? (Yes or No)	OB, IF YES, WERE FIND	INGS CONSIDERED OF DEATH?
E 0	116/11 TRA	CHEOSTONE	NO		
OR	LACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (natify medical examined	21& PLACE OF INJURY le.g., home, farm, factory, street, cetc.	n of about 21 G WHERE DID ffice bidg. INJURY OCCUR?	(It in Baltimore Cit	y, give exoct lacation)
21D	TIME Manth) Day) (Year) (Haud	21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
3 0	INJURY PROX.)	While At Work At Work			
22	I certify that (1) (this hospital) atten			7/_10_ 2/	19 19 21
	~	01111	272 /		
	t (we last saw the deceased alive			in (any opinion	death occurred on the date
	hour and from the causes stated abo	ve. 41 (We) (did) (did	view the body after death.	1000	
23A	SIGNATURE	A. A.	anding Med. Sk		DATE SIGNED
	11.6/16	TC= 783 DEGREE Phy		ys. L	2/17/11
23C	NAME ITYPE	4705 mm	1209 St. Pa	ul 54. 1.	Baltonione Mel.
24A. BL		AC. NAME 61 CEMETERY OF CR		ATION (City, to	iwn, or county) (State)
B	wrial a-18-71	But arture	~ Cont		II
25A. D		AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	1 0 10 1971 Vales	E. Jaber M.D.	E. O. WILSON	1000 BEAT	STLEY AVE
VS 150-	-REV. 1/1/68		1 2 4 4		

Richard Smith mary mary

Burlak 3-71

Out.

73		1528	MED	ICA			NER'S)F	DEATH	4	774	1=28
1. NAM	E OF DE	CEASED						2. DATE		nows 🗆		Month	REG. NO	Year	Hour
		BOOKE			HAN			OF DEATH	E	timoted					M.
FULL NAI	ME OF	(IF NO	ARYLAND, W	LORINS				3. DATE PRONG	UNCE	D DEAD	Fe	Month bruary	Doy 11,19	7eor	6:30 P. _{M.}
OR INSTI		EVERSIT	Y HOSPI	TAL				IIA CYATE		NCE (w		leceosed live B	ed. If Institution.	on: residence	before admission)
6. SEX		7. RACE		8. MAR	RIED	NEVER	MARRIED	C. CITY O	RTOW	N	-		D. INSIDE C	ITY LIMITS?	
M	ale	Negr	0	WIDO	-	-	IVORCED [В	alti	more			,	YES 🗌	NO 🗆
	OF BIRT		10. AGE (In lost birthdo)	yeors) 46	If Und Month	der 1 Yr. II	Under 24 Hrs. Hours Min.					venue			
		State or lore	Ign country)		12. CI	TIZEN O	F	13. FATHE	R'S NA	ME					
	N.C				W	HATCOL	NTRY?	Jam	PS	Shar	ano	n			
I4A.USU	AL OCCU	PATION (GI	ve kind of work	48. KIN	O OF B		OR INDUSTR								
done durir	ng most of v	working life, e	ven if retired)					Geo	rei	a Ar	าท	Sharp	,		
16. WAS	DECEAS	ED EVER IN	U.S. ARMED	FORCE	5?	I7. SOCI	AL	18. INFOR			144	bilaip		ADDRESS	N.C.
(Yes, no o	Cunknown	(if yes, give	war or dotes	of service	"	245-	AL 20-007	B G	eor	gia	Sh	annon	Eliz	aheth	City, NY
19.	701	20 X					USE OF DEA	7	001	5	VAA	CCITION	11111	A	PPROXIMATE INTERVAL
La	m / C	0					Subdura		t oma					RETY	WEEN ONSET AND DEATH
	DISEAS	LEADING TO	OTION DIREC	TLY					Coma						
(11	his does r		mode of dyl	ng, e.g.,		(4	DUE TO, OR		DUENC	E OF					
he	eart failure	, osthenia, ét nalication wh	c. It meons the Ich coused deo	disease,			DULIO, OK	AS A CONSE	MOEINC	E OF					
				,						179					
		NTECEDENT				(8)								
RIS	SE TO THE	E ABOVE CA	IONS, IF ANY,	GIVING ING THE			DUE TO, OR	AS A CONS	QUEN	CE OF:					
- (0)	NDERLYII	NG CONDI	ION LAST.			(0)								
위			11							-					
S 10	SEASE OF	ATH BUT NO	NDITIONS CO TRELATED TO GIVEN IN PA	HETERART 1 (A)	INAL										
20A.	DATE OF	F OPERATIO	N 208. CON	DMON	FOR W	VHICH OF	PERATION W	AS PERFOR	MED						PSY? (Yes or No) 765
	ERLYING	NAL CAUSE OR CON USE OF DE	TRIB-		22B. PL home,	torm, tocto	INJURY (e.g., ory, street, office Jnk.	In or about bldg., etc.)	22C. W NJURY Un	OCCU	ID (If	in Bolttmore	City, give ex	act location)	
≥ 22D.	TIME		Doy) (Year)	(Hou	r) 221		OCCURRED				ונאו	RY OCCUR	23		
	NJURY ROX.)	?				HILE AT		WHILE	Unl						
		Ify that I h		quiry [Inspecti		topsy 🗆	and	i that o	n this	s basis, d	eath in my	opinion	
	resul	ted from: h	datyral caus	es 📙	Ac	ci dent L	Sulcid	• H	omicid	io 🗌	U	determine	ed manner	X	
		1	1 1	11	11/	/ , ,	1		CHIEF	MEDICA	AL EX	AMINER			DATE CLONICS
-	SIGNATI		red	И	Ke	N	M.D	ASS	ISTANT	MEDICA	AL EX	AMINER E	X.		DATE SIGNED
	EXAMIN NAME (1	ER'S RO	nald N.	Kor	nb1	um,M.		-	OCIATE	MEDICA	AL EX	AMINER [2/12/7	1
REMOVA	RIAL CREAL (Speci	MATION,	248. DATE 2-14-	71		Chur	ch Ce		ORY	24	4D. LC	CATION		n, or county) (State)
		BY HEALTH		-		OF REGIS			ELIATER	AL DIDE	CTOP		to.,		
LUN. UA		EB 16		lo Se	38	Jabe	ey M.D.			n F.			iley A		St.
VS 151-88	EV. 3/1/6	1 /	016	61					- 1	-	-				



C 640	71 1539 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1539
the the	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 11 1549
death death eased n the Such	1. NAME OF DECEASED (Type or Print) 2 RRULL COSEBH. Melton 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH
0 00 -	
v ~ ~ ~	A. STATE O B. COUNTY
	HOSPITAL OR ADDRESS OR LOCATION)
0 8 9	ROUT BELFIMORE GENERAL HOSPIESTRET AND NUMBER
B B +	L. SIRCEI AND HOMBER
	5. SEX 6. RACE 7. MARRIED MARRIED WARRIED BATTER OF BLOTH 10 ACE OF MARRIED WARRIED WA
occurred ontributi ermined regular eased pr	MAKKIED NEVER MARKIED
o c o o o s	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of foreign country) 172 CITIZEN OF WHAT COLINIARS
or condeth	done during most of working life, even if retired) (h 10) (J, 5, 9)
de de cas	13. FATHER'S NAME
NT nt if death direct or c ; (4) Undet th was in nthe dece disposition	(Dec)! (Dec)?
stant ind; (eath	15. Wos Deecased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS
r his assistant his assistant his assistant his of any kind; ounced death trendance on the death head or final d	(res, no ar unknown) (If yes, give war or dates of service) SECURITY NO. Dan Sul. 183 TW. target Are
s ass any ced any ced and are	18. CAUSE OF DEATH I APPROXIMATE INTERVAL
his lso, of a uncertain	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
0 4 5 5 5 5	(This does not mean the mode of dving, e.g., (A)IMMEDIATE CAUSE (VLTO 410 (PB// 78)
OR: I	heart foilure, asthenio, etc. It means the disease, injury or complication which caused death.)
fraining of trace	ANTECEDENT CAUSES ANTECEDENT CAUSES
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NERA hief m a mea ody bu he ph) sician	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 Date Of Operation 198. Condition for which Operation 204. Autopsy? (Yes of No.) 208. If Yes, Were FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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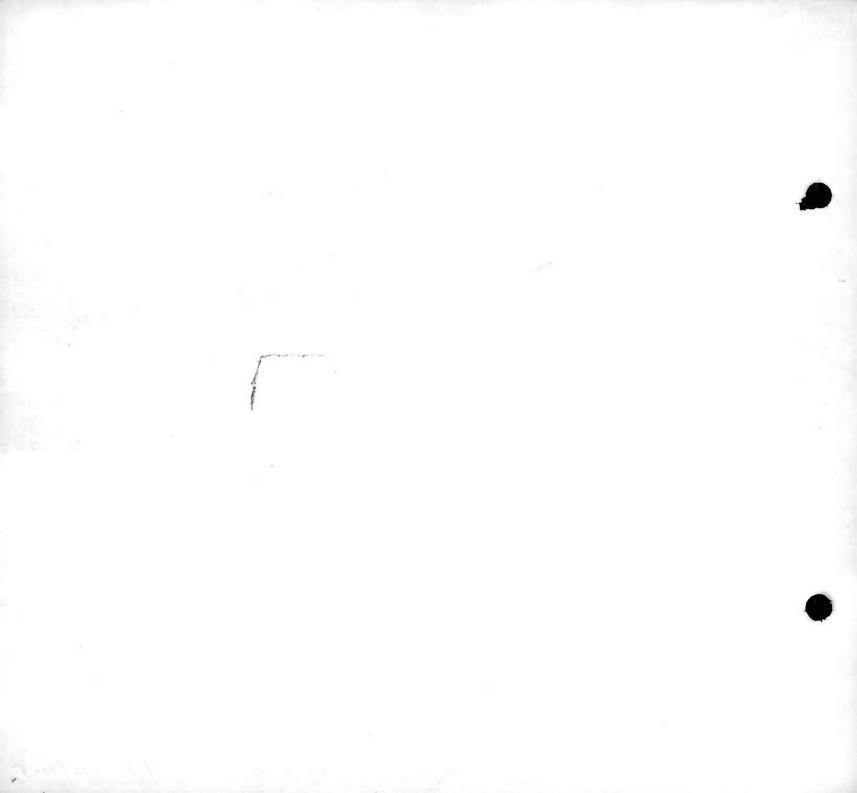


1 B400

71 1530 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 71 1530
1. NAME OF DECEASED (Type or Print) JAMES H. (BALEY) Bailey	2. DATE Known Month Doy Year Hour OF Estimated
	DEATH Estimated A. 3. DATE Month Day Year Hour PRONOUNCED DEAD February 10, 1971 8:50 P.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland
	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES X NO -
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months Days Haurs Min. 62	E. STREET AND NUMBER 424 East 21st Street
i program a se /a	13. FATHER'S NAME 13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	1B. INFORMANT ADDRESS
Pr. 4 1 7 7 . CAUSE OF DEATH	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon like mode of dying, e.g., heart failure, osthenia, eic. it means the disease.	ypertensive cardiovascular disease
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DISEASE OR CONDITION GIVEN IN PART 1 (A).	
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EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER February 11, 1971
24A. BURIAL-CREMATION, REMOVAL (Specify) 2-16-7/ Calcutter 7	Per Pack action (City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR FFB 1 6 1971 25B. Jaben, M.D.	Ellist J. H. 1129 n Caulm It.

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	ust be a eased to ident of hospital o death) must be		23A, SIGNATUS		11				23R DATE SIGNED
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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

(Margaret Thompson, A/K/A Margaret Towson)

1/10/73 - Affidavit from Common-law wife dated 8/31/1972 signed in the presence of a Notary. M's. Patricia Montier. Affidavit states that Margaret Thompson, a/k/a Margaret Towson, was never married legally to Harry M. Towson, who departed this life on 2/12/1971 at J.H.H. although she had been living with him prior to his death for a period of 20 years as his wife.

Affidavit from decedent's sister, Pauline Evans Mallory formerly Pauline Evans, (See item #17 on reverse side of death cert.) Pauline Evans Mallory was under belief that the said Harry M. Towson was married to Margaret Thompso with whom he resided, but later discovered that they were never legally married. Signed and notarized by S. L. Nichols.

Discharge Summary from J.H.H. shows wife's name as Margaret. Dated: 2/23/1971. #096 - 12 - 27 Towson, Harry M. April Office of the State

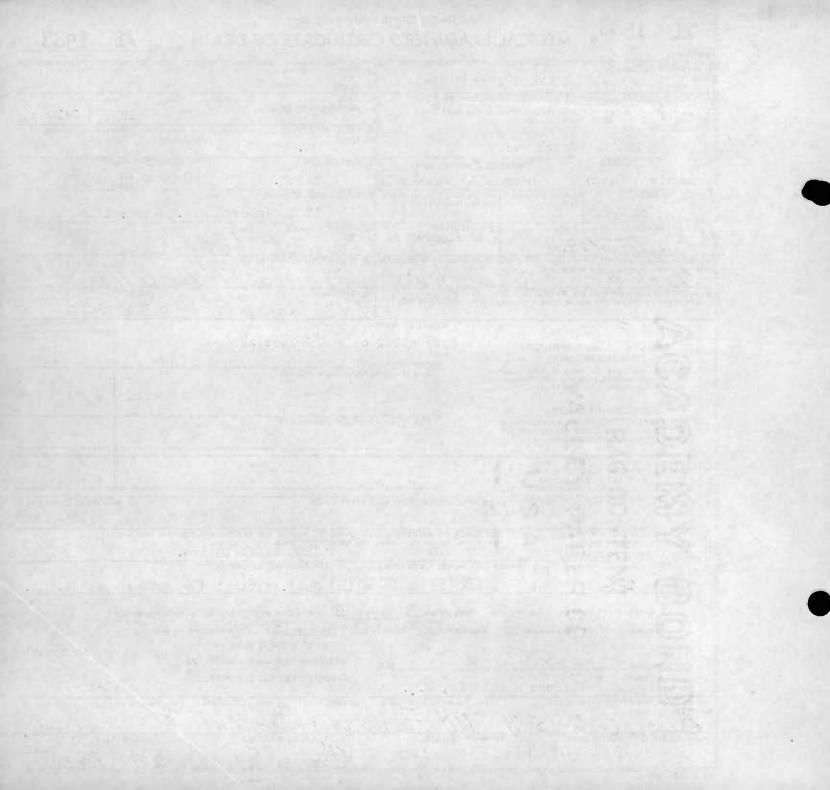
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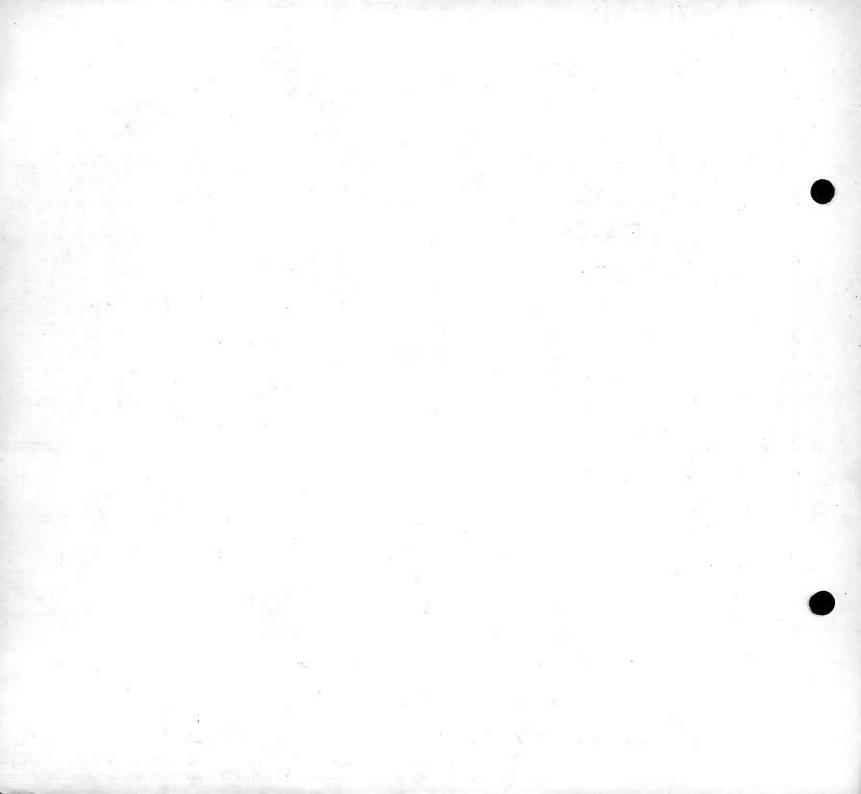
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			3. DATE	Estimated	14 dl	D-	Yeor	Hour	М.				
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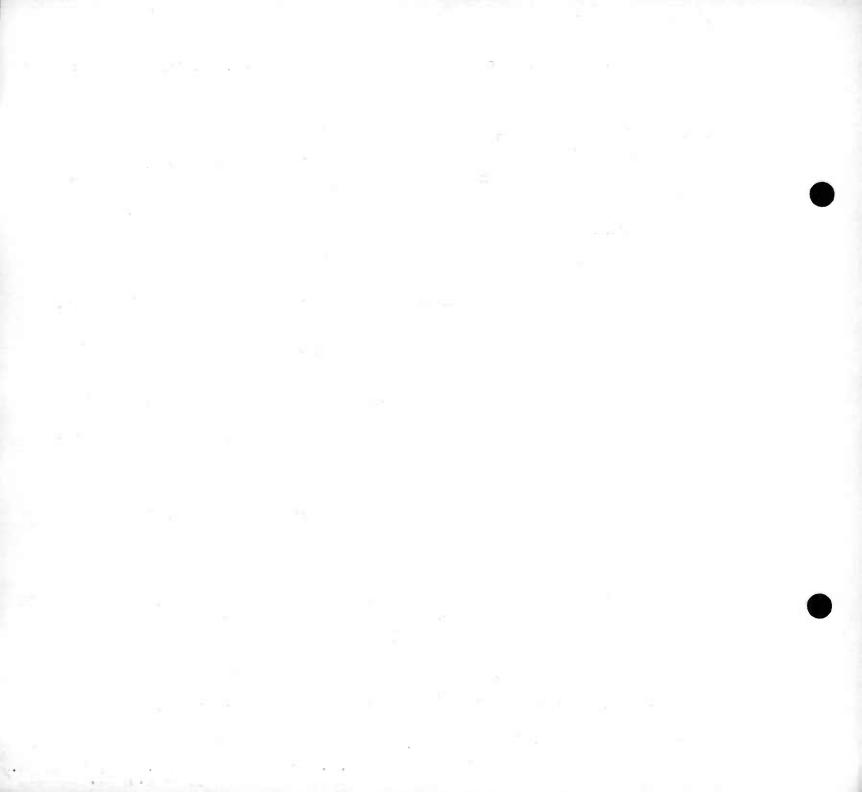


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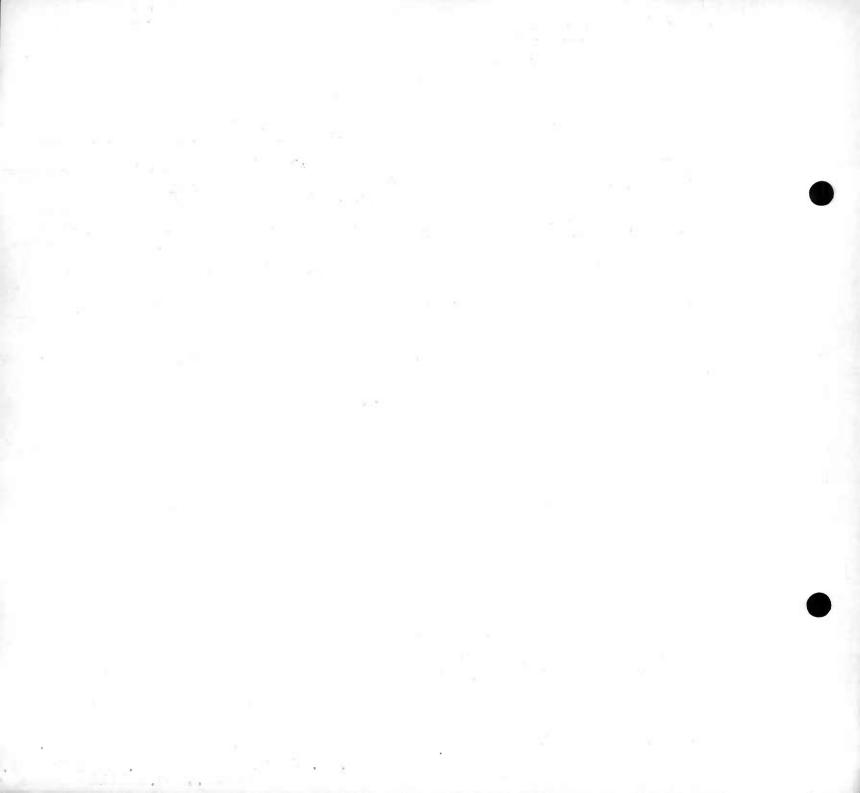
BALTIMORE CITY HEALTH DEPARTMENT

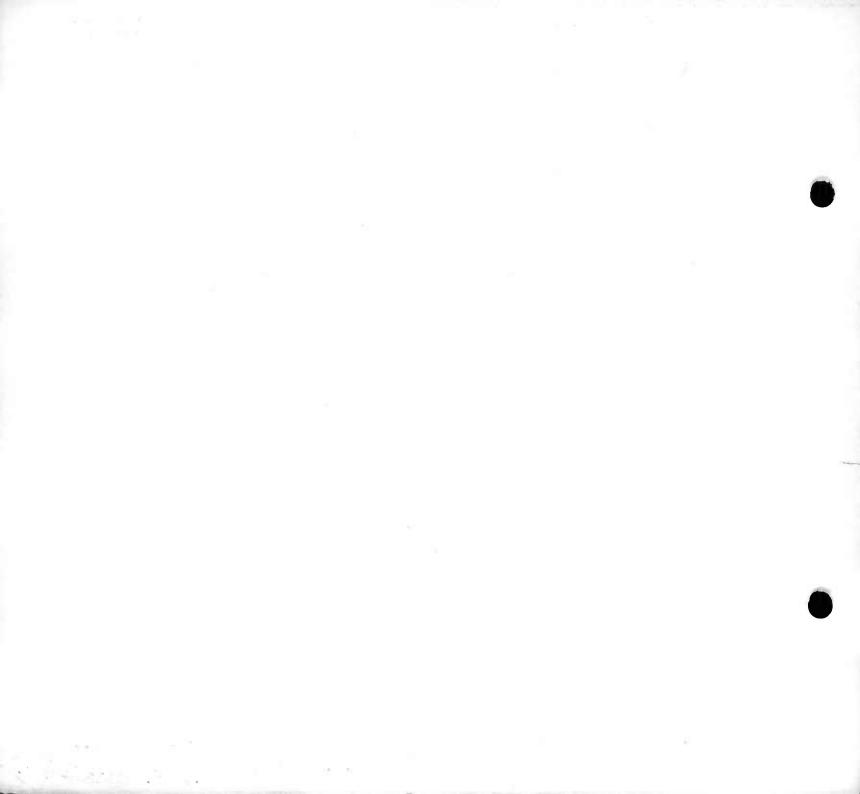


	1	71 1535 BALTIMORE CITY HEALTH DEPARTMENT 71 1535	
	and used the	SIRTH NO.)
	0 0 C N	1. NAME OF DECEASED (Type of Paint) Charles Elton Loesch 2. Date and Hour of Death Feb. 11, 1971 4:0	2 A
	spita e of 5) Dec nce o eath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before A, STATE 8, COUNTY	odmission
	da da	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET OPIO INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OPIO C. CITY OR TOWN D. INSIDE CITY LIMITS?	2
		US Public Health Service Hospital Parma YES NO	
		3100 Wyman Parkway 9829 Pleasant Lake Blvd.	
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	ocont ont reg reg	WIDOWED DIVORCED 7/25/10 54	
		Signal maintenance Ohio US.	
E	nt if death direct or c 1; (4) Undet th was in on the dec disposition	13. FATHER'S NAME Carl Loesch 14. MOTHER'S MAIDEN NAME Edith Shermer	
A	stant le dir ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates at service) 16. SOCIAL 17. INFORMANT ADDRESS	
7	STAD 5F	No 295-07-5634 Records- US PHS Hospital, Balto, Md.	•
IMPORTANT	his as so, if of any onced enda	18. CAUSE OF DEATH APPROXIMATE I BETWEEN ONSET	NTERVAL AND DEATH
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	a d d d	Work At Work	
	the day	22. I certify that (I) (this haspital) attended the deceased fram Jan. 5 1971 to Feb. 11 19 that (I) (we) lost saw the deceased clive on Feb. 11 19 71 and that in (my) (our) gaining death accurred on	7
	be a to the state of the state	that (1) (we) lost saw the deceased olive on Feb. 11 19 71 and that in (my) (our) apinian death accurred on and hour and from the causes stated above. (1) (We) (did) (six hot) view the bady after death.	the date
	st b ase lent lent spi dea nus	23A. SIGNATURE 23R. DATE SIGNED	
	ccide to to	Med. Stoff Director Director Phys. 2/11/71	
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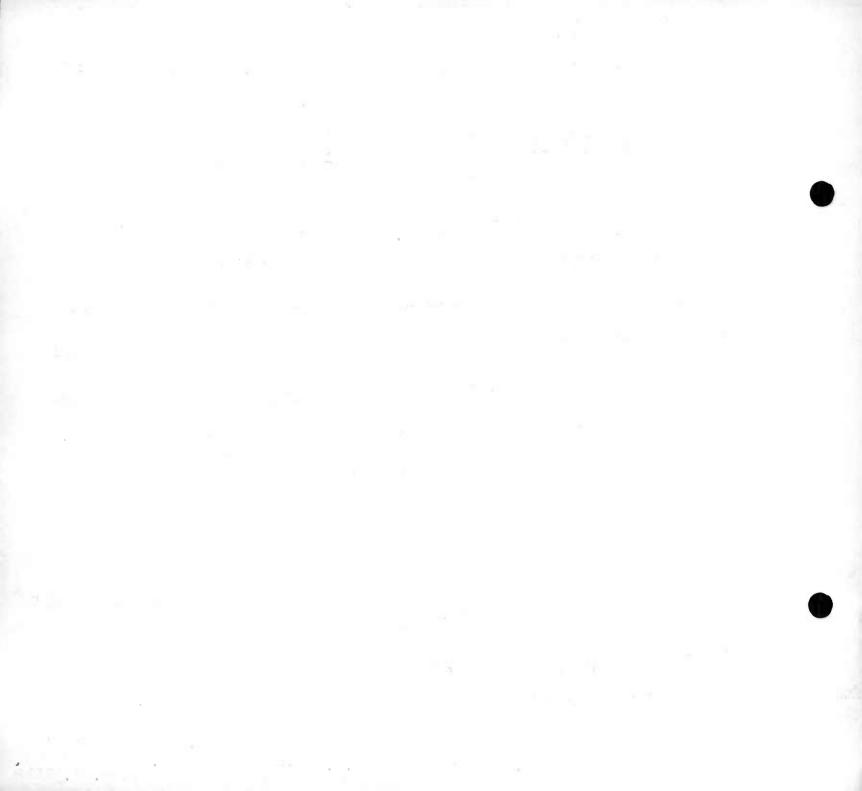


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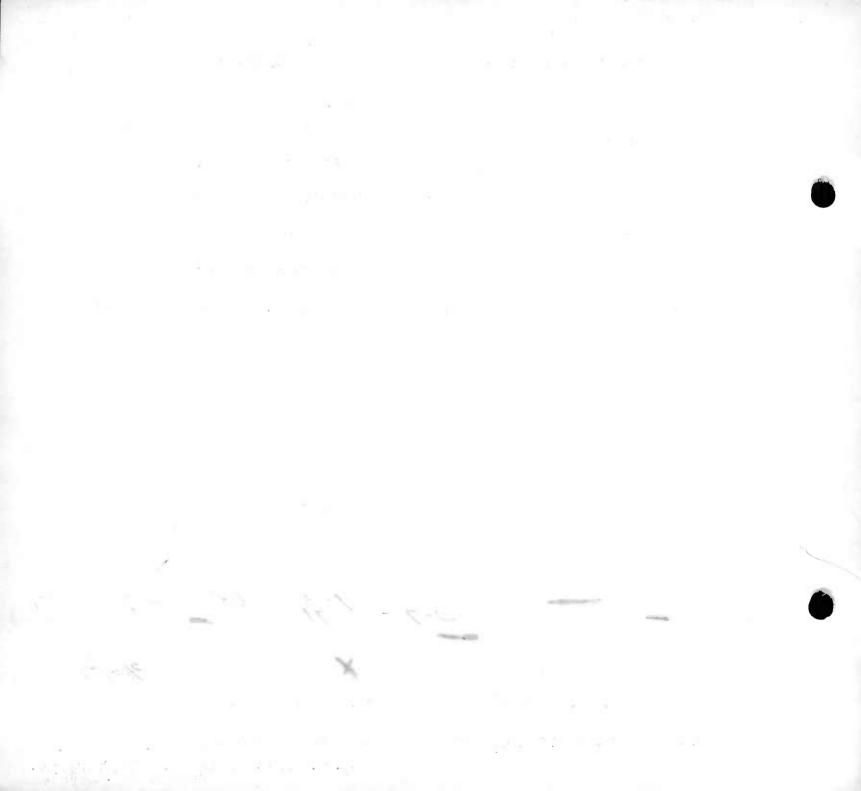
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DIRECTOR:

FUNERAL



heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). CERTIFICATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)

22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (if in 8oltimore City, give exact location) home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Yeor) 22E.INJURY OCCURRED (Hour) 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23.

I certify that I	held an Inquiry	Inspection [Autopsy [and that or	n this basis, death in my	opinion
resulted from:	Notyral couses X	Accident 🗌	Sulcide 🗌		Undetermined monner	
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ACTUAL	///h/k a	la la Ma		SSISTANT MEDICA	I EYAMINED X	DATE SIGNED

HIMMORENIA SIGNATURE. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Isidore Mihalakis, M.D. NAME (Type)

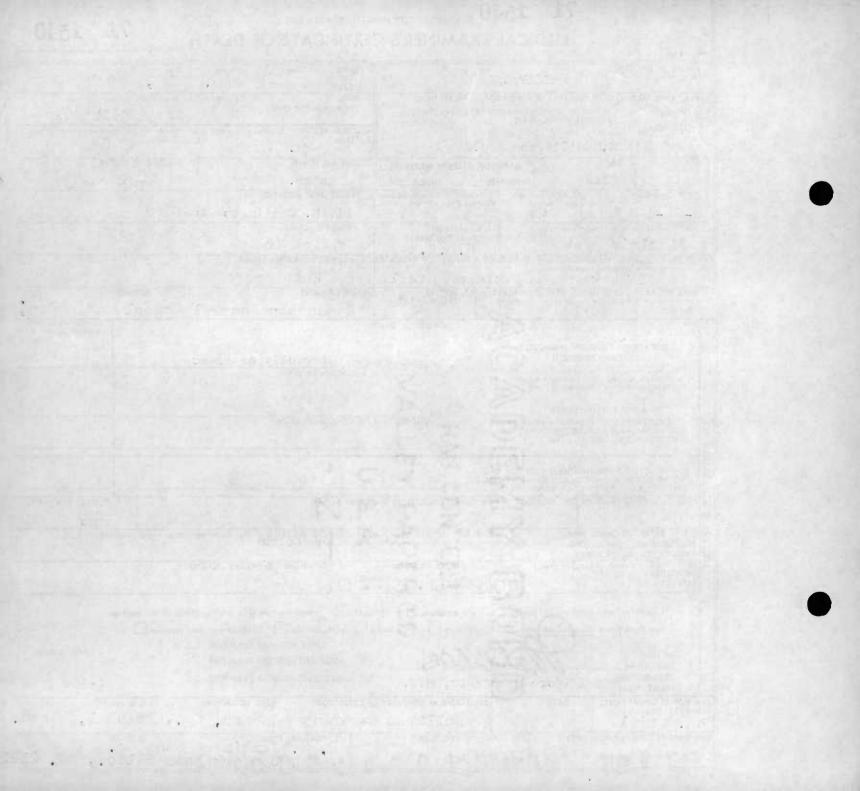
24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify) Rem.Burial Knollkreg Cemetery Wash. Co., Bristol.

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR.
H. W. Jenkins & Sons Co. 1 4905 York Road Balto., Md. 2121

2-14-71

(Siote)



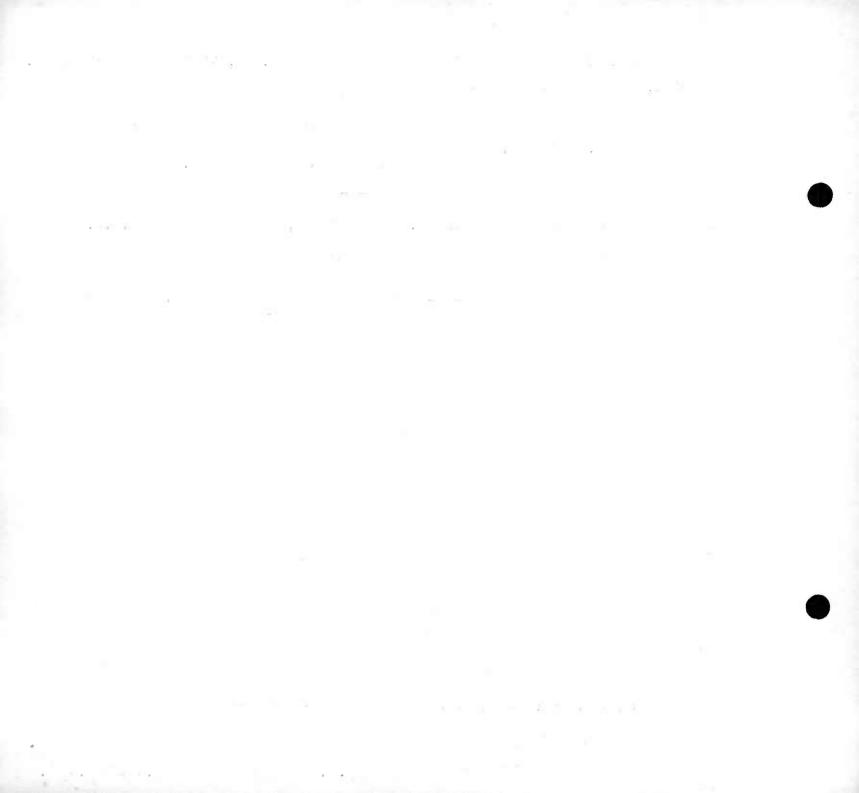
BALTIMORE CITY HEALTH DEPARTMENT 1541 CERTIFICATE OF DEATH REG. NO. hospital and use of death ; (5) Deceased Such BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Harry Hosford 00 2-14-71 9:40 A.M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY attendance Homewood Avenue cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN cause; D. INSIDE CITY LIMITS? Balto. Md. YES K NO contributing prior Mercy Hospital E. STREET AND NUMBER 1925 Homewood Avenue made. etermined in regular 21218 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys 7. MARRIED NEVER MARRIED If Under 24 Hrs. deceased tost birthdoy Hours M W WIDOWED X DIVORCED 09-29-83 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during mest of working life, even if refired) New Hampshire Dud U. S.A. Ruhlman Co. Draftsman
13 FATHER'S NAME Was 14. MOTHER'S MAIDEN NAME 3 Frank Hosford Lillian Cooper death 50 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT 6. SOCIAL ADDRESS or final SECURITY NO. attendance Yes WWI 011-16-1756 Mr. Roger C. Hazen Weston, Conn. any pronounced CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Dem LEADING TO DEATH (This does not mean the mode of dying, e.g., embal heart failure, osthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES ho (B) DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, giving ල rise to the above cause (A) stating the ASCUD physician the remains UNDERLYING CONDITION last Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 here 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) hospital 2 MEDICAL DEATH (notify medical examined) 3 obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hous 21E INJURY OCCURRED £ 9 21F. HOW DID INJURY OCCUR? Not While While At (APPROX) (exce) and At Work Work to the any 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on. 9 and that in (my) (aur) apinian death accurred an the date eath) hospital and have and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 238, DATE SIGNED Attending [written approval Phys. Director 8 23C. PHYSICIAN'S prior 23D. ADDRESS at NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased 24D. LOCATION (City, town, or county) (State) o he body REMOVAL (Specify) Cremation 2-15-19 Fort Lincoln Washing D.C. Was NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68



IMPORTANT DIRECTOR: FUNERAL

Il Under 1 Yr. Months Doys Hours : Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 700 W. 40th Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) apinian death accurred an the date 23B DATE SIGNED (City, town, or county) (Stote) Md. I.W. Jenkins & Sons Co., Balto., Md. VS 150-REV. 1/1/68

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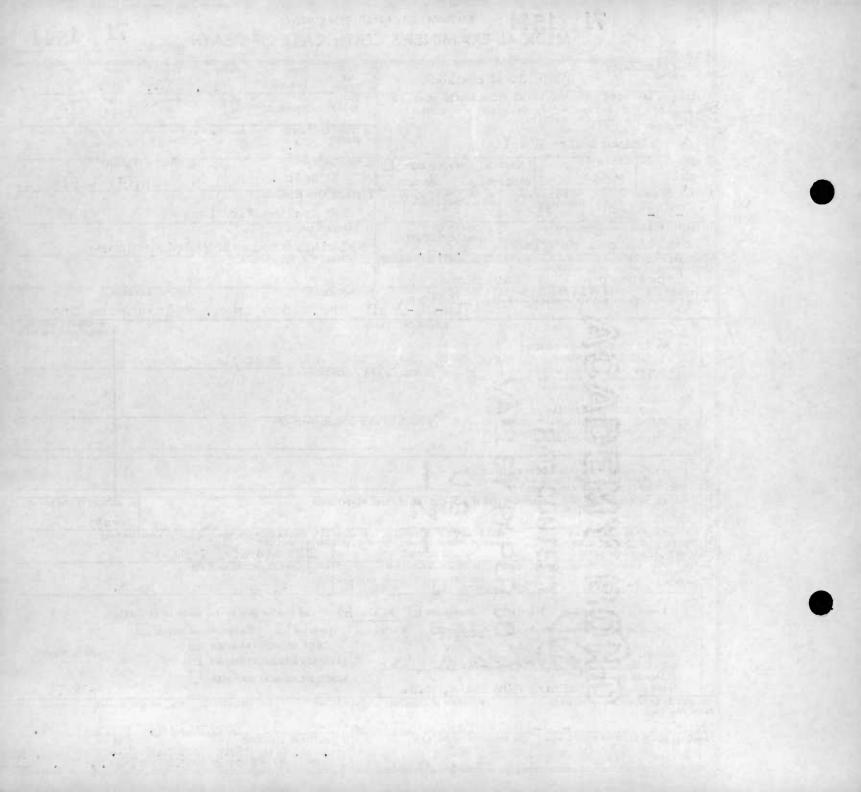
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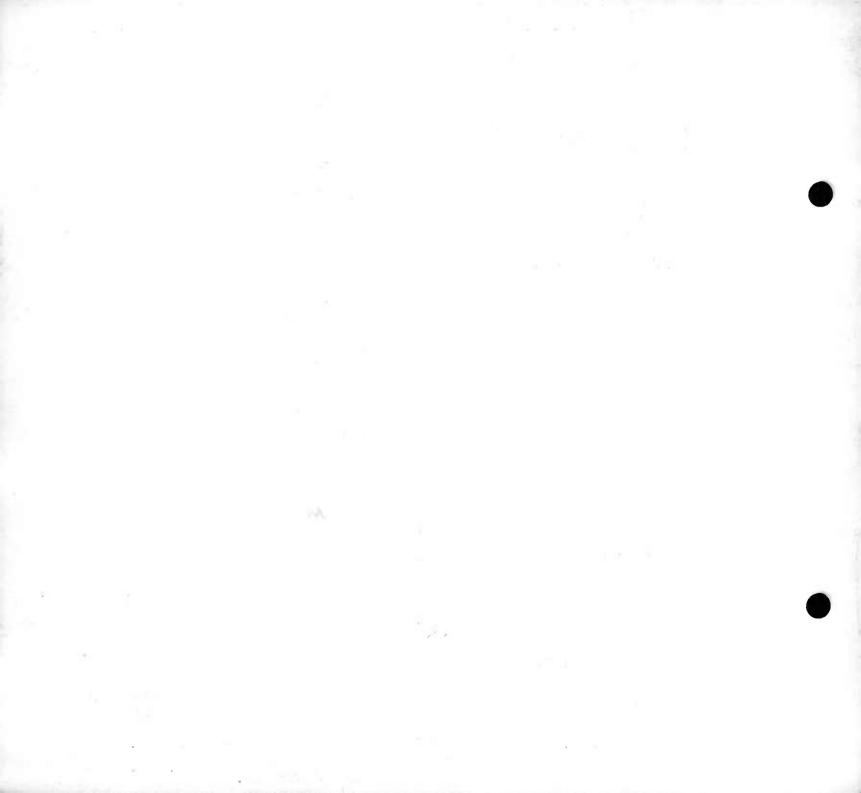
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VS 151-REV. 1/1/68

1547 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO 1. NAME OF DECEASED 2. DATE Month Day Hour (Type ar Print) THEODORE ROGATCHOFF February 10, 1971 Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Day Year Havr PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) February 10, 1971 11:40 A. HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY Mercy Hospital (DOA) Maryland 7. RACE 6. SEX B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS Male WIDOWED White DIVORCED Baltimore YES X NO 9. DATE OF BIRTH last birthdoy) 88 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months | Doys | Hours | Min. E. STREET AND NUMBER 1512 Latrobe Park Terrace I/BIRTHPLACE (State or lareign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Maknow 14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during mast of working lile, even il retired) 12chinisTS 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS (Yes, na ar unknawn) (If yes, give war or dotes al service) CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (A) IMMEDIATE CAUSE (This daes not mean the mode of dying, e.g., heart failure, osthenta, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury ar complication which coused death.) ANTECEDENT CAUSES (B)______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). õ CATI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (II in Boltimore City, give exoct locotion) home, form, factory, street, oilice bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. OF INJURY (Month) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT (APPROX.) m. WORK AT WORK 23. I certify that I held on Inquiry Inspection and that on this basis, death in my opinion Autopsy T resulted from: Natural couses X Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE **EXAMINER'S** Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER February 11, 19711 NAME (Type) 24A. BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or county) (Stote) REMOVAL (Specily) 25A. DATE REC'D BY HEALTH DEPI 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

Buss is Huberry Packmets peopleitest 25 Mar 2007 This Royal old Pope Latinda Park Lat. Color Hellowerry Bathouse Playlands crailed File File Land hour

BALTIMORE CITY HEALTH DEPARTMENT

71 1510

D-60	ME	DICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO	11	†946	3
BIRTH NC.							KEG. NO			
I. NAME OF DECEASED (Type or Print) ARTHUR I. BAHUR					Known	Month	Day	Year	Hour	
				DEATH	Estimoted					M.
	LTIMORE, MARYLAND,			3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LO	TAL OR INST	ITUTION, GIVE STREET		ESIDENCE (Where	2	14	1971		ам
00 1	L7 S. Wolfe	St.		A. STATE	Md.	e deceosed liv	B. COUNTY	on: residence b	efore odmiss	ion)
6. SEX	7. RACE	B. MARRI	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	-01	
male	white	WIDOW			lto.			N T	NO 🗆	
9. DATE OF BIRT	lost birthe	(In years loy) 71	If Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.		AND NUMBER	fe St.				
	State ar fareign country)	1	12. CITIZEN OF	13. FATHER						_
Pola			WHAT COUNTRY?	Ado	lph Baruc	h				
done during most of	PATION (Give kind of wor warking life, even if retired	HI4B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME				
Retired	Supervisor	Balt	imore Transit	Sta	nnislawa		Unk			
	ED EVER IN U.S. ARMI	D FORCES	17. SOCIAL	18. INFOR	MANT			DDRESS		
No	(11 yes, give war ar dole	s al service)	SECURITY NO.	Joseph	Bohum 12	00 Pan	7 (%		201	
19. 4/ /	2 . 11.		CAUSE OF DEA	IH	Bahur 13	U9 BOII	et or	eet ZL	PROXIMATE INT	ERVAL
Digras	E OD CONDITION DIE		Arterioscle	,	ardiovasc	ular di	sease	BETW	EEN ONSET AN	D DEATH
	E OR CONDITION DIR LEADING TO DEATH	ECILY				unun un	.50.000			
(This does n	al mean the made of a	lying, e.g.,	(A)IMMEDIATE C	AUSE AS A CONSEQ	LIENCE OF					
heart failure	, osthenio, etc. It meons ti aplication which caused d	e disease,	DOL 10, OK	13 A CONSEQ	DENCE OF:			100		
	NTECEDENT CAUSES		(B)							
KISE TO THE	OR CONDITIONS, IF AN	ATING THE	DUE 10, OR	AS A CONSEC	QUENCE OF:					
I UNDERLYIN	NG CONDITION LAST.		(c)							
2	= 11									
OTHER SIGN	IFICANT CONDITIONS (ONTRIBUTI	NG Chronic	haain a	randa omo			75.		
DISEASE OR	CONDITION GIVEN IN	PART 1 (A).	***************************************							
OTHER SIGN TO THE DE/ DISEASE OR	OPERATION 208. CO	NDITION F	OR WHICH OPERATION WA	S PERFORM	ED			21. AUTOF	SY? (Yes or	Na)
									no	1
	NAL CAUSE WAS	2	2B. PLACE OF INJURY (e.g.,	in or abaut 2	C. WHERE DID (If In Boltimore	City, give exc	oct locotion)		
品 UTING T CA	USE OF DEATH.	h	ome, lorm, loctary, street, office	bldg., etc.)	JURY OCCUR?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
≥ 22D. TIME	(Manih) (Doy) (Yes	r) (Hour)	22E.INJURY OCCURRED	2	2F. HOW DID INJ	IURY OCCIII	R?			
OF INJURY (APPROX.)		- 7, 74	WHILE AT NOT	WHILE						
23.		n	n. WORK AT W	ORK						
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	ed from: Natural ca	-	Accident Suicid							
10301.	Autoria Autori	12	Accident [] Shicid				ed manner [
ACTUAL		1/1/2	111		HIEF MEDICAL E			r	DATE SIGNE	ED
SIGNATU		VIK	Walaks M.D.	ASSIS	TANT MEDICAL E	XAMINER E	<u> </u>		3.0.1	
NAME (T	ype) Lsido	e Miha	alakis, M.D.		CIATE MEDICAL E	XAMINER [J	2	-14-71	
24A. BURIAL CREA	MATION, 24B. DATE		24C. NAME of CEMETERY	or CREMATO	RY 24D. L	OCATION	(City, town	, or county)	(Stote)	,
Burial	Feb]	7, 197	print A A Company of the company of		1 Gardens		OLD OR	EMS RL	BAUTO	0 40
TED 10	BY HEATH DEPT	25B. NA	ME OF REGISTRAR		UNERAL DIRECTO		509	DDRESS		2400
	TOLE DESCRIPTION	S. 78	165 R4	0/1	consel 2	Free	TINA	A E	STR	ERI
VS 151-REV. 1/1/68		- 4	111		11				30.10	

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FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1/120	BALTIMORE CITY	HEALTH DEPARTMENT		PM 4 = 40			
BIRTH NO. 71 154	9 CERTIFICA	TE OF DEATH	REG. NO				
(Type or Print) FRANK VERDE	CCHIA		HOUR OF DEATH	111			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission)							
FULL NAME OF (IF NOT IN HOSMTAL OR IN HOSMTAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAM C. CITY OR TOWN		27-31			
INSTITUTION		7: -		SIDE CITY LIMITS?			
31 BACTIMORE CITY H	OSPITALS	E. STREET AND NUMBER	E	YES NO NO			
9/04		4401 WALT	HER SI	VENUE			
5. SEX 6. RACE 7. MARK	IED NEVER MARRIED	llos	AGE (In years of birthday)	If Under 1 Yt. il Under 24 Hrs. Months Doys Hours Min.			
MALE WHITE WIDOW		SEPT 26 1908	63				
IDA. USUAL OCCUPATION (Give kind of work 108, KIN) done during most of working life, even # refired)		11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?			
CONSTRUCTION SUPERUISOR MARR	oco constructions	BACTIMORE	MA.	USA.			
13. FATHER'S NAME	00 11 11	MARY LA	LALARE	119			
JOSEPH VERDE			MINANE				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lif yes, give war or dotes of servi		17. INFORMANT		ADDRESS			
No -			DECCHIA	4401 WALTHER AUE			
18.4/2/2	CAUSE OF DEATH	1		BETWEEN ONSET AND DEATH			
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	4.4944701477.641	SE INTICHLEKE PLA	il HEING	Willet - three			
(This does not mean the mode of dying, heart failure, asthenia, etc. it means the dise	"DUE TO OR AS	A CONSEQUENCE OF:					
injury or complication which caused death.)	/, /			3			
ANTECEDENT CAUSES	(B) //Y/	EXTEN SIC.	10	164/20			
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:					
UNDERLYING CONDITION last	the (c)	(1)		6/6/6-			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF	NG HAL HYPCI'M	UTIHE MEINEN	7/1/4	1,21			
DISEASE OF CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED			IN CERTIFYING CA	AUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., inhome, farm, factory, street, of etc.)	n or about 21 C. WHERE DID fice bidg. INJURY OCCUR?	(If in Boltimo	ore City, give exact location)			
21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	Y OCCUR?				
(APPROX)	While At Not While Work	• 🗆					
22. I certify that((i) (this hospital) attend	ed the deceased from	2 - /5 19	//to	19			
that (1) (we) lost sow the deceased alive	on	19 <u></u>	In (my) (our) op	Inton death accurred on the date			
and hour and from the causes stated above	e. (1) (We) (did) (did not) v	iew the body after death.					
23A. SIGNATURE				23B DATE SIGNED			
54111	DEGREE Phys	nding Med. Si Director Pt	raff.	2/11/2/			
23C. PHYSICIAN'S NAME (Type)	i`	23D. ADDRESS	Hosh	1/2/1			
24A. BURIAL CREMATION, 24B. DATE 24	C.NAME of CEMETERY of CRE	MATORY 24D. LOC	ATION (C	City, town, or county) (State)			
BURIAL FEB 18 1971	HOLY REAFFME	CEMETERY 44.	30 RELAI	R RA RALTA MA			
FEB 16 1971 July E. No.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	SINC 71	10 BELAIR RUAD			
	Life Control	111111111111111111111111111111111111111	- // / / /	- 100-1011			

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BALLINGAE CITY HISPITALS

William Education where confinction Bathman M. N. W.

JOSEPH VERDERCHIA MARY LAWNERY;

Me - SE-62-62 MIS CHANGETO NEGLECORING THAI THE LILLE KING

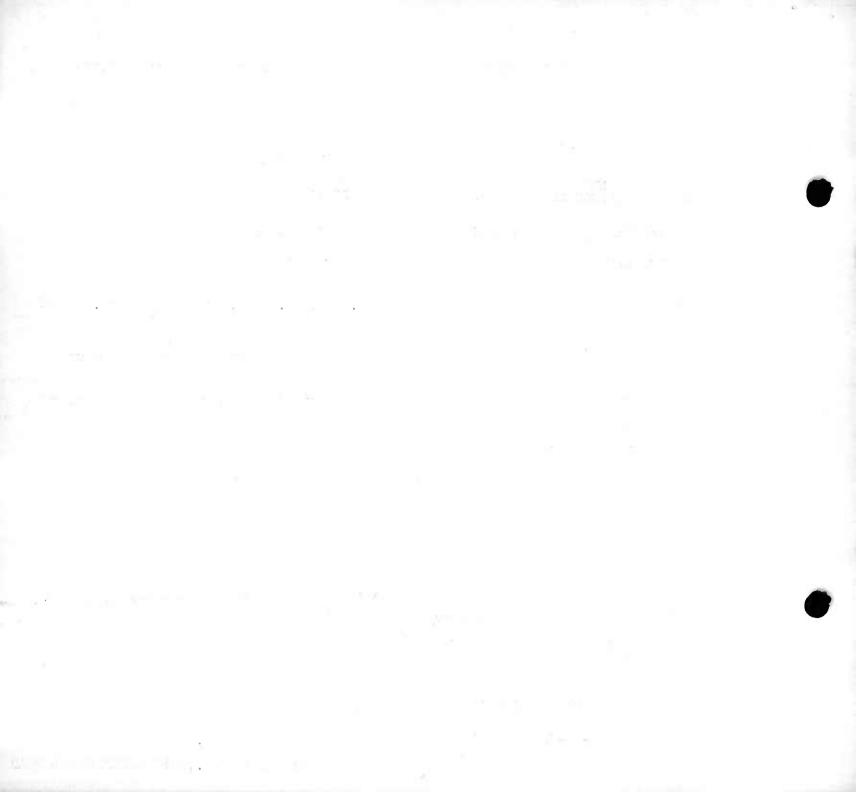
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	TH NO.	71	1550	CERTIFICA	TE C		REG. NO			
	pe or Print)	Anna Gol	ldstein			2. DATE A	ND HOUR OF DEATH	1	5	A,
3.	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STAT	AL RESIDENCE INTE	ere deceased lived. It i	nstitution; res	idence before o	dmission
FU HC	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET		ortown Baltimore	D. INS	IDE CITY LIN	10-0 NTS?	2
	37 M	ercy Hospital	L			ET AND NUMBER 005 McAlee	r Court	YES	№ 🗌	
5. 5		6. RACE	7- MARRIED	NEVER MARRIED		OF BIRTH	9. AGE (In years	If Under	1 Yr. , If Unde	r 24 Hrs
	FEMALE		WIDOWED			20 1 351	lost birthdoyl	Manths	Poys Hours	Min.
10A don	USUAL OCCUI	PATION (Give kind of work orking life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTI	PLACE (Stote or for	eign country)	12. CHIZE	N OF WHAT	COUNTRY
	HOUSE	•	AT	HOME	DURI	HAM. NORTH	CAROLINA	l ī	JSA	
13.	FATHER'S NAM		*			HER'S MAIDEN NA				
	На	arry Enock				Sadie	(Deladowx			
5. Yes	Was Deceased I	ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFO	MANT	IAL SOCIETY	,	ADDRESS	
	NO			12001111110			ORRIS.JR. 40	2 W D1	EDWOOD C	ידים כדי
	18. 4 2	7.0		CAUSE OF DEAT	H I	AK MOSL M	JRR15.3R. 40	1	APPROXIMATE IN	TERVAL
		OR CONDITION DI	ECTLY			0 0		BE	TWEEN ONSET A	ND DEATI
	i .	EADING TO DEATH	duina a a	(A) IMMEDIATE CAL	ISE CEL	ebral Vosa	aler distore			
	heart failure, a	sthenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEC	QUENCE OF:				
		lication which caused NTECEDENT CAUSES	deam.)	2-11	131	_				
		CONDITIONS, if		(B) Halhe	LG-M	sciencesus	****		••••••	10000000
	rise to the	above cause (A)	stating the	00E 10, 0K A3	A CONSE	QUENCE OF:				
	UNDERLYING	CONDITION lost		(c)						
ATION	TO THE DEATH	ANT CONDITIONS COI BUT NOT RELATED TO THE NOTION GIVEN IN PART	E TERMINAL	*************************	*********					
RTIFIC	2 A	PERATION 198 CON	DITION FOR V	VHICH OPERATION	20A.	AUTOPSY7 IVes or N	O) 208 IF YES, WERE IN CERTIFYING CA	FINDINGS C	ONSIDERED	
CAL	DEATH Inolify a	T WAS UNDERLYING TING CAUSE OF medicol examiner)	218, hom etc.)	PLACE OF INJURY le.g., i e, form, foctory, street, of	n or obout fice bldg.,	21 C. WHERE DID INJURY OCCUR?	(II to Boltimo	re City, give	exact location)	
MEDI	21D.TIME (OF INJURY IAPPROX)	Month) (Day) (Year)		INJURY OCCURRED Not While At Work		21F. HOW DID IN.	JURY OCCUR?			
	22. I certify t	hot (1) (thts hospital	ottended ti	ne deceased from	1-8	-7/.	19 to 3-	\$1-7/	19	
		ost sow the decease	_	2-1/-71	19	ond tl	nat in (my) (our) opl	nion death	occurred on	the do
			ed obove.(1	(did not) v	tew the l	ody ofter death.				
	23A. SIGNATUR	0 ()		1:			238. DATE	/	
	3 haml	MAD left		DEGREE Phys		Med, Director	Staff Phys.	2/	11/71	
	SHA	WKI. N. A	IALEI	(MD DEGREE	ME	RESS RCY. H	osptol.			
24A	REMOVAL (Sp	ATION, 24B. DATE	24C. N.	ME of CEMETERY of CRE	MATORY	24 D. L	OCATION IC	ty, town, or o	county)	(State)
	BURIA		BA	LTIMORE HEBRE	W	BA	LTIMORE, MAR	YLAND		
25A	FEBI	HEALTH DEPT.	258. NAME O	F REGISTRAR	25C.	UNERAL DIRECTO			ADDRESS TERSTOWN	I ROA
٧S	150-REV. 1/1/64		2		-					



IMPORTANT

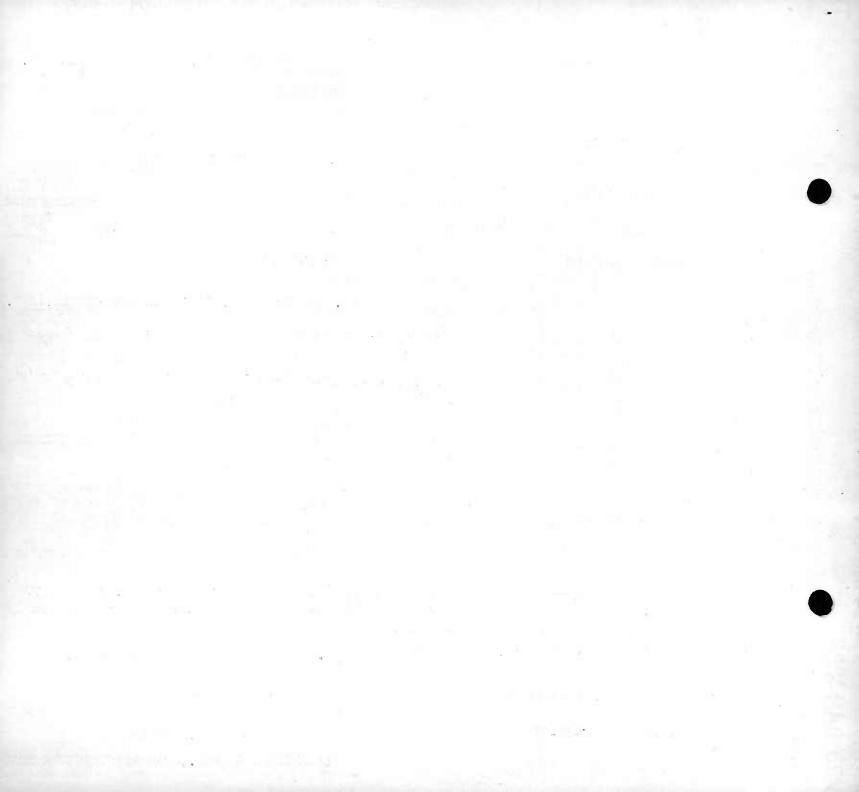
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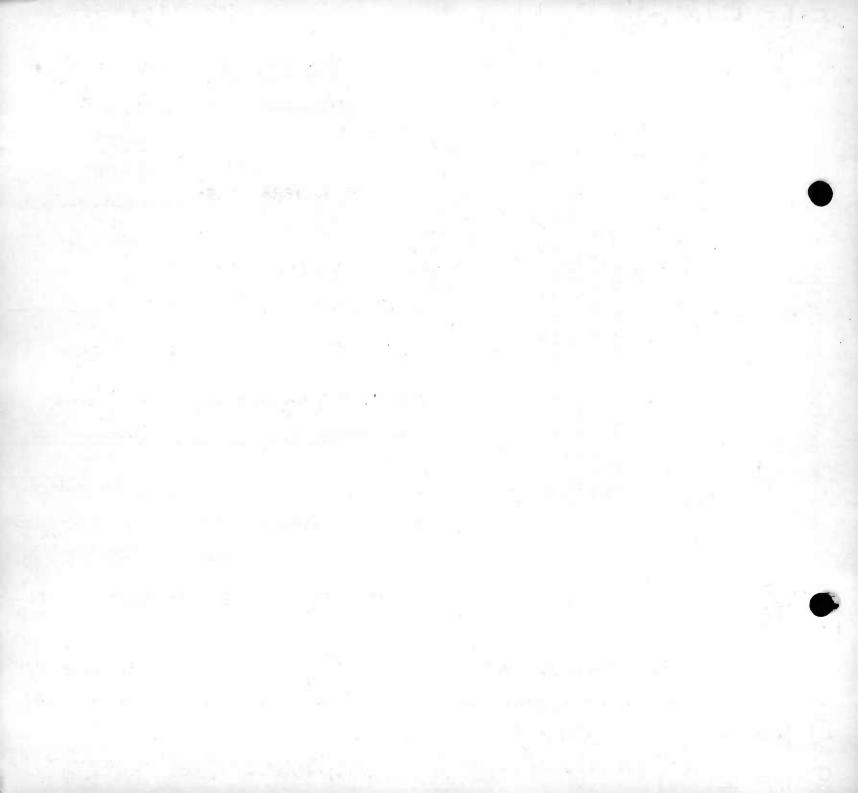


VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



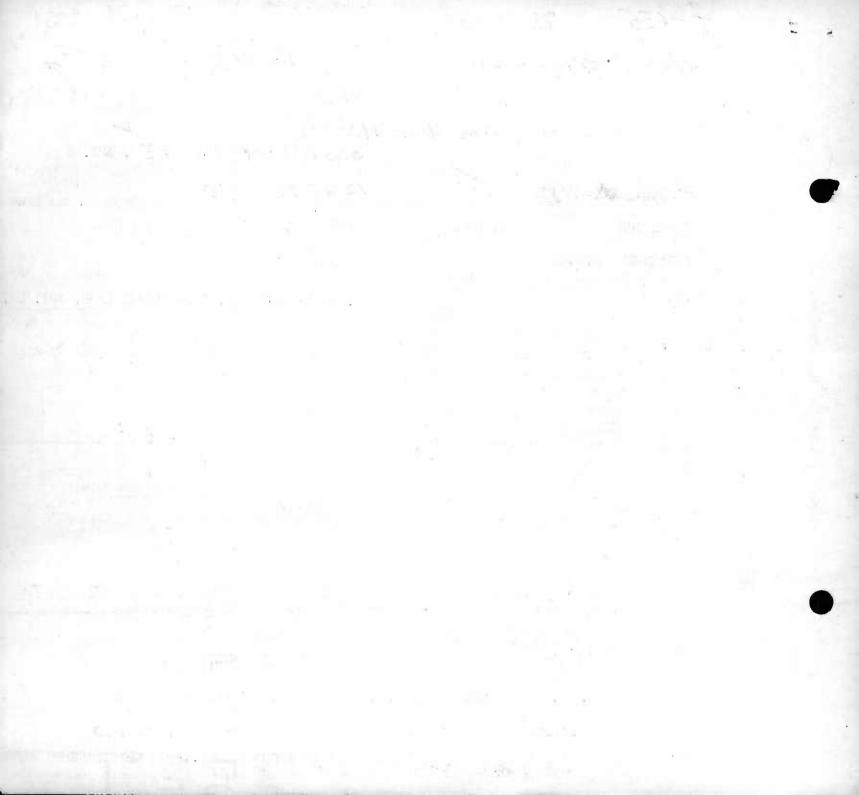
	2 m)	BALTIMORE CIT	Y HEALTH DEPARTMENT	A	Py4 4			
	BIRTH NO. 71	1553 CERTIFICA	ATE OF DEATH	REG. NO	11 1553			
	(Type or Print) Edith	" Gertrude	Doone Febre	Lare 14/	71 3:30 AM.			
- 1	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admit A. SIATE B. COUNTY							
ì	HOSPITAL OR ADDRESS OR LOCATI		Mayland C. GITY OR TOWN	D. INSI	DE CITY LIMITS?			
	a Harbour the	w nusing Home	E. STREET AND NUMBER	`	YES NO			
;	1213 Light	theel	Route # 1 Bol	184A				
	5. SEX 6. RACE 7.	MARRIED NEVER MARRIED		AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTRY	3/30/**** 8	1 XXXX	12. CITIZEN OF WHAT COUNTRY?			
	done during most of working life, even if retired) HOUSIUM 13. FATHER'S NAME	at Home	Baetimo	e, mel	USA.			
2	George William	Bolander	Sallyl Se	ushwei	y.			
<u>'</u>	15. Was Deceased Ever in U. S. Armed Force: (Yes, no or unknown) (If yes, give wor or dates	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	no	215-30-3399	Sallie Fitzpat	rich-Si	ame			
	18.4/2,41	CAUSE OF DEAT	тн 🕖		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECT	CTLY	400					
	(This daes not mean the made of d	ying, e.g., (A)IMMEDIATE CA	A CONSEQUENCE OF:	å	2 days			
	heart failure, asthenia, etc. It means the injury or camplication which caused do							
,	ANTECEDENT CAUSES	(A) ASCUT	with Coronary and	Centrovasen	elas Dueana			
:	DISEASES OR CONDITIONS, if an rise to the above cause (A) s	, , ,	S A CONSEQUENCE OF		\$7			
	UNDERLYING CONDITION last.	(c) 5/may	Garosoney					
	Z OTHER SIGNIFICANT CONDITIONS CONT	DIRLITIALC						
3	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1	TERMINAL	***************************************					
	19A. DATE OF OPERATION 19B. CONDITION WAS PERFO	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?			
1000	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	e City, give exact location)			
3	21D. TIME (Month) (Doy) (Year)	Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?				
	(APPROX.)	While At Not Whi	le 🗌					
	22. I certify that (I) (this haspital)	ottended the deceased from 1	Janeh 2/a 19	70 to Febru	Jany 14 1971,			
	that (I) (we) last saw the deceased	olive on Felmany 14	1971and that	in(my) (aur) opir	nion death occurred on the date			
	ond havr and fram the causes stated	above. (I) (We) (did) (did nat)	view the body after death.					
	23Å. SIGNATURE	Дн	ending Med. St	-4 -	23 B, DATE SIGNED			
	Peter It Phemstein 23C. PHYSICIAN'S NAME (Type)	M. D. GEGREE Phy	ys. Director Ph	off ys.	February 14, 1971			
	DETER 4 RUEINST	FIN MD GEORGE	HARBOR VIEW	AMRSIALS	HAME RAITIMORE			
3	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOC	CATION (Ci	ly, town, or county) (Stote)			
,	12 wick 2-15-	1 Lorraine Da	ils wo	odlain	md			
	EB 16 TO REALTH DEPT. 25	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	o Bus In	-6010 Rest Rt			
11	VS 150-REV. 1/1/6B		- LINE - LINE IN					



IMPORTANT

DIRECTOR:

FUNERAL



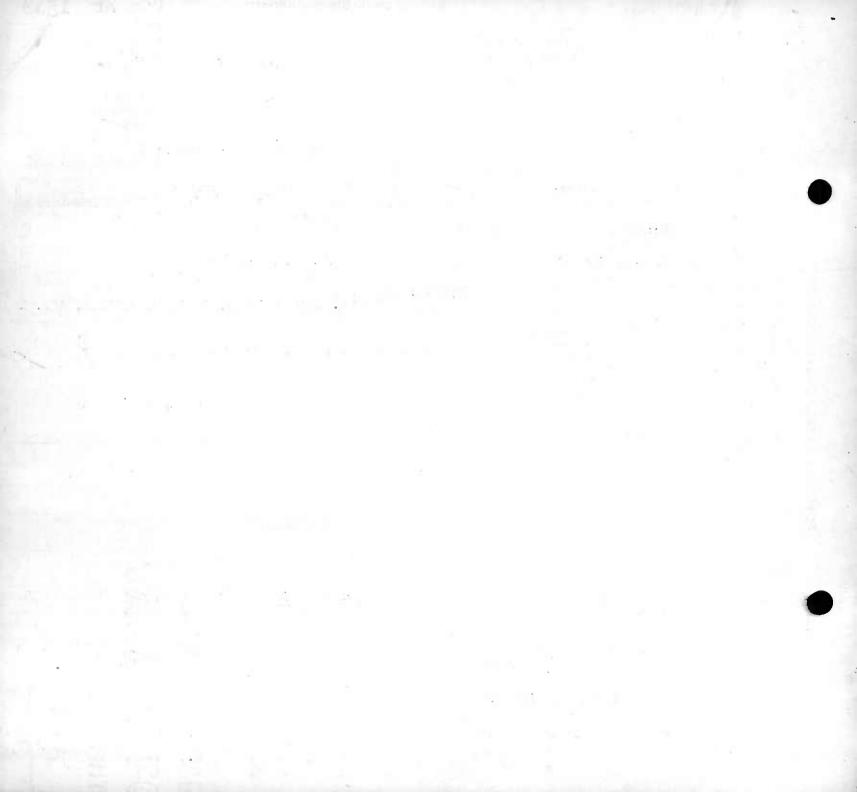
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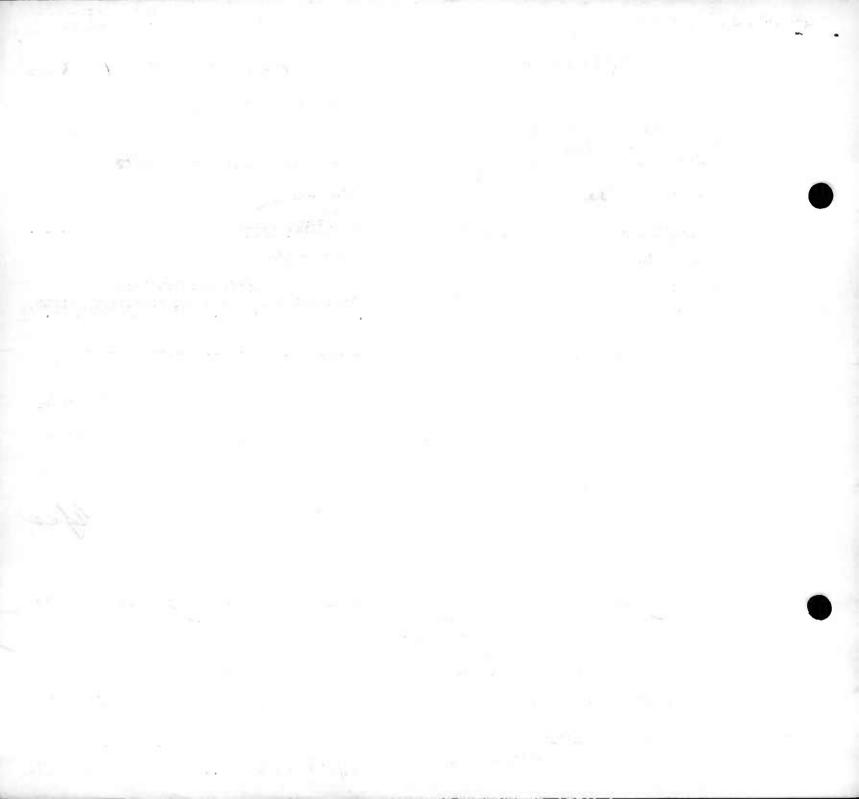
FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT 600 PM 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) D. INSIDE CITY LIMITS? NOF YES 1 5905 BLAND If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S. ADDRESS LEAH ARONSON, 2502 EUTAW PLACE BETWEEN ONSET AND DEATH congestive failure, anemia 2061 bleeding 2 mo 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exoct location) ____19_______ond that in(my) (evr) opinion death occurred an the date 23B, DATE SIGNED Hopkins Hospital Bultimore, Md 21205 (City, town, or county) BALTIMORE, MARYLAND SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD



VS 150-REV. 1/1/68



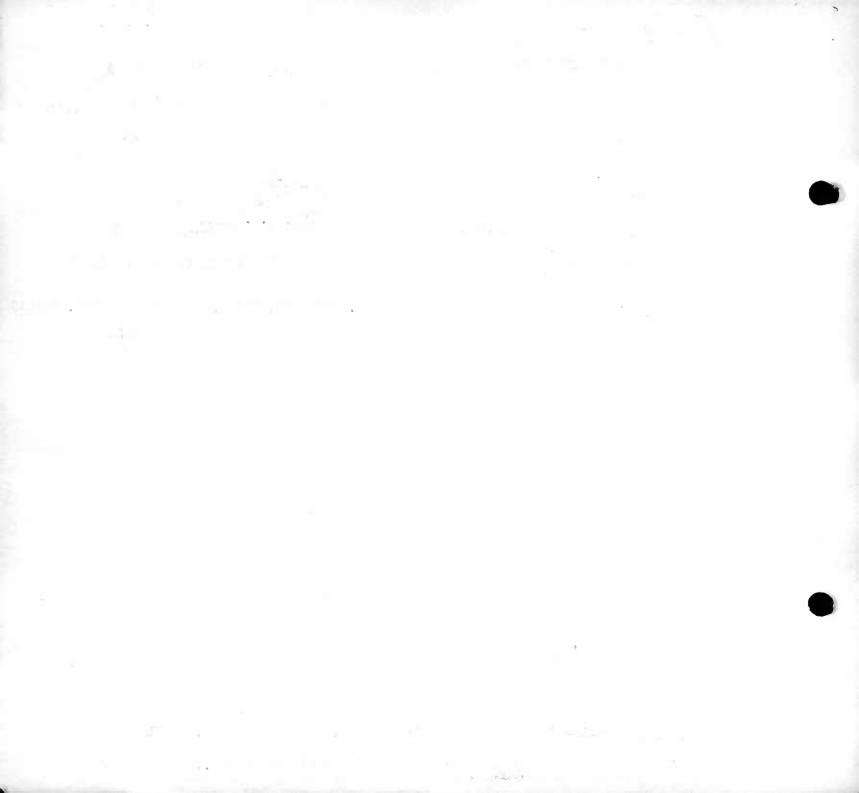
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SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

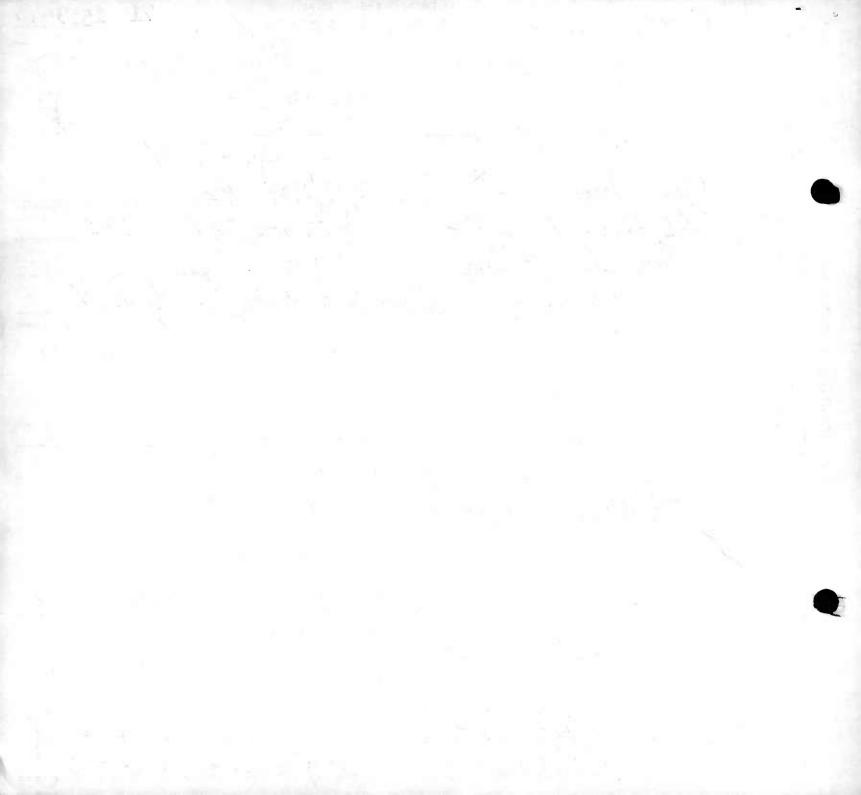
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FUNERAL DIRECTOR: IMPORTANT

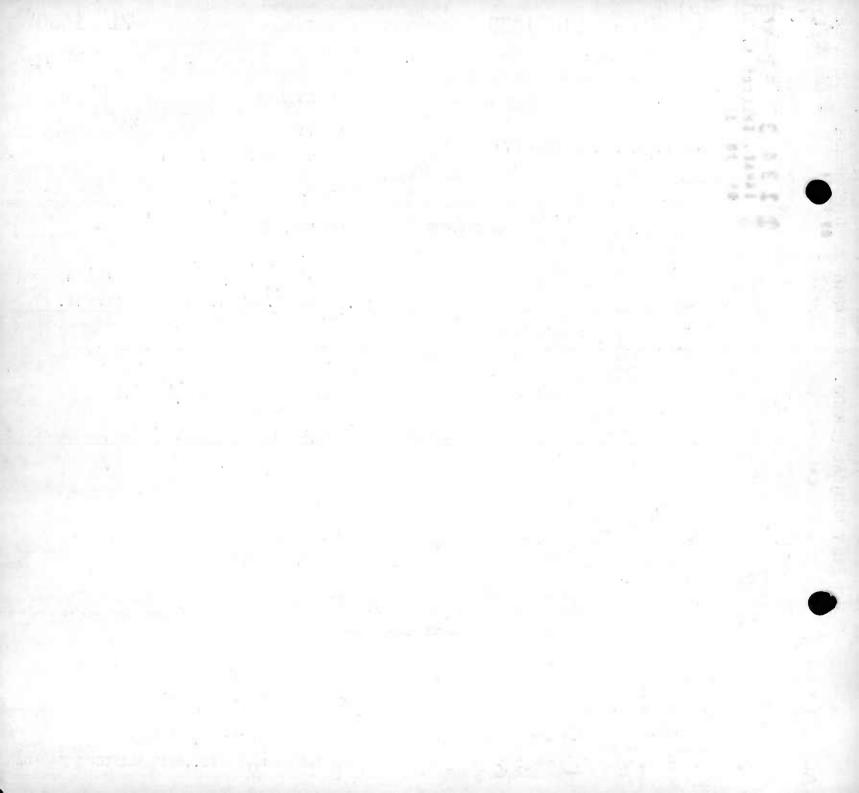
	1	was d	4 - 50	BALTIMORE CITY	HEALTH DEPARTMENT		71 1558	
17	TH NO.	71	1558	CERTIFICA	TE OF DEATH	REG. NO	7.T T900	
1. N	AME OF DECEAS	ED	0		2, DATE AN	D HOUR OF DEATH		—
СТУ	pe or Print)	XXXXXXXXXX	XXXX IN	Pauc FRIEDI	10/-/-	1 3040P	M.	м.
3.	PLACE IN BALTIM	ORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When		stitution: residence before admiss	ion)
HC	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSP ADDRESS OR LOC	ITAL OR INSTIT	UTION, GIVE STREET	MARYLAND C.CHY OR TOWN	BALTI	HORE 3,7-1	9
(MOINC	MEMON	PLAL A	HOSPITAL	E. STREET AND NUMBER	0.15	YES NO	
	doop ligher				19828 JCNQU	IL-AVE, BA	ALTIMORE 15	
5. S	FEMALE	WHITE	WIDOWED	DIVORCED	10-104×XXXXX	57 XXX	If Under 1 Yr. If Under 24 Months Doys Hours Min	ries.
don	USUAL OCCUPA e during most of worki	TION (Give kind of wo	AT H		WASHINGTON DOC	gn country)	12 CITIZEN OF WHAT COUN	TRY?
13.	FATHER'S NAME	FOULT			14. MOTHER'S MAIDEN NAM	A.E.		
	SAMUE.	,	ERS				BERTHA BERMAN	
15. Yes		r in U.S. Armed F yes, give wor or do	orces? les of servicel	SECURITY NO.	17. INFORMANT		ADDRESS	
	NO				MR. JACOB FRIED	LAND. 5828	JONQUIL AVE. #21	215
	18. 199.	731		CAUSE OF DEATH			APPROXIMATE INTERVA	AL
		R CONDITION D				000		
		DING TO DEATH		(A) IMMEDIATE CAU		C CARCII	NOHA SIX HONT	117
	heori foilure, osti	enio, etc. Il mean	s the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		2.	
		otion which cause						
		ECEDENT CAUSE		(B)				••
	rise to the a	CONDITIONS, if bave cause (A)		241	A CONSEQUENCE OF:			
	UNDERLYING C		· · · · · · · · · · · · · · · · · · ·	(c)				
CERTIFICATION	TO THE DEATH BU	II NT CONDITIONS CO JT NOT RELATED TO	THE TERMINAL	51				
UZ V		ITION GIVEN IN PA		WHICH OPERATION	20A. AUTOPSY? (Yes of No)	20B. IF YES. WERE A	FINDINGS CONSIDERED	-
RTIF	n		RFORMED		NO	IN CERTIFYING CAL	USES OF DEATH?	
EDICAL CE	21A. ACCIDENT V OR CONTRIBUTIN DEATH (notify med	VAS UNDERLYING G ☐ CAUSE OF dicol exomineri	21 B. hom etc.	e, farm, foctory, street, of	or obout 21C. WHERE DID ice bldg., INJURY OCCUR?	(If In Boltimore	e City, give exocl location)	
EDI	21 D. TIME (M	onthl (Doy) (Year		INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?		
×	(APPROX.)		Whi	ile At Not While	· 🗆			
	22. I certify tha	t (1) (this hospite				97/10	2-13 197	/
	22. I certify that (1) (this hospital) attended the deceased from							
	and hour and from the couses stated abave. (1) (We) (did) (did nat) view the bady ofter death.							
	23A. SIGNATURE	Juan H.	Coald	OF OFFICE OF Physics	nding Med.	Staff Phys.	1-13-7	
	23C.PHYSICIAN'S NAME (Type)		/		3D. ADDRESS			
244	BURIAL CREMATER REMOVAL (Spec	10N, 24B. DATE (fy) 2-15-7		AME of CEMETERY OF CRE		OSEDALE, MAR	ly, town, or county) (State RYNAND)
25A	EB 16 19	HEALTH DEPT.	258, NAME C	F REGISTRAR	SOL LEVINGEN	BROS.,6010	O REISTERSTOWN RO)AD
'Vs	150-REV. 1/1/68	• • • • • • • • • • • • • • • • • • • •						_



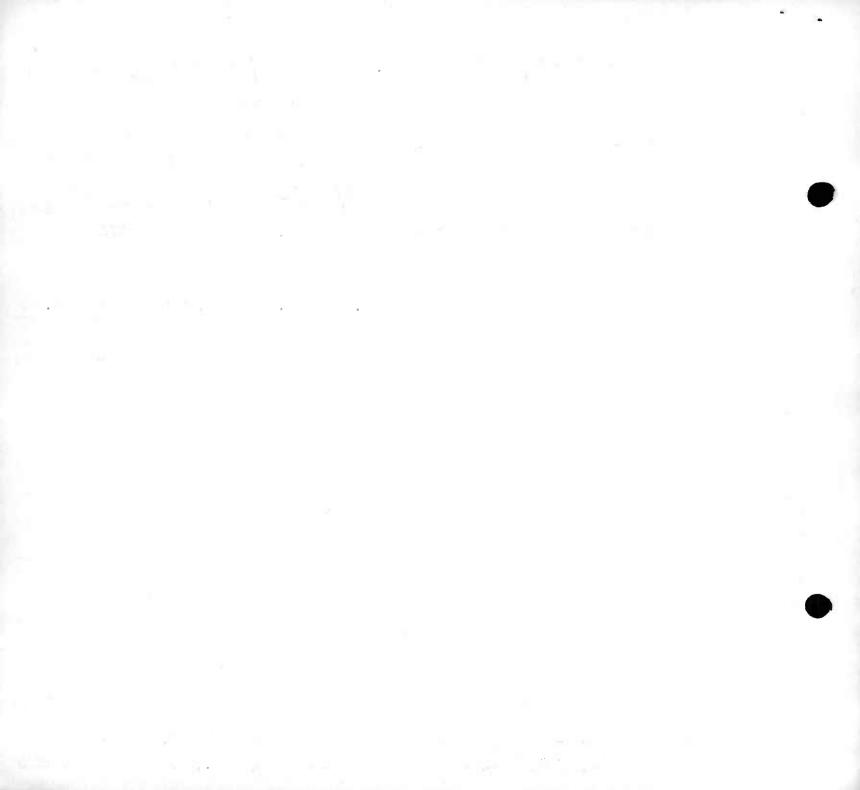
BALTIMORE CITY HEALTH DEPARTMENT	714 1-50							
BIRTH NO. 43/ 71 1559 CERTIFICATE OF DEATH REG. NO.	71 1559							
1. NAME OF DECEASED (Type or Print) ARRY GOLDBERG 2. DATE AND HOUR OF DEATH FESTUREY 14	1974 12:30 P.							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If in	stitution; residence before admission)							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland - Balt	to 6 53-00 IDE CITY LIMITS?							
37 MERCY HOSPITAL E. STREET AND NUMBER	YES NO NO							
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr II Under 24 Hrs.							
The WIDOWED DIVORCED 7/17/1924 lost bightoot 100 USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. STRTHPLACE (Stote of foreign country)	Months Days Hauis Min.							
Seld Employed CPA Bottomore Mel	12. CITIZEN OF WHAT COUNTRY?							
13. FATHER'S MAIDEN NAME JULIAN STATES MAIDE	1							
15. Wes Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	PADDRESS OF							
YES WW IF ARMY A/F 1215-30-3399 Anta Soldher 2411 A	yerrele Kd.							
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
(A) IMMEDIATE CAUSE Drain 4 more finding, e.g., heart failure, asthenia, etc. Il means the disease, injury or camplication which caused death.)	lmas 74							
ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, if any, giving ise in the above cause (A) staling the								
UNDERLYING CONDITION last, (C)	***************************************							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A AUTOPSYZ (Yes of No.) 20B. IF YES, WERE F IN CERTIFYING CAU	FINDINGS CONSIDERED USES OF DEATH?							
218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?	e City, give exoct location)							
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not While Work At Work								
22. I certify that (I) (this hospital) attended the deceased from Jan 29 1921 to Fe 6	. / 4 19 2/							
that (1) (we) last saw the deceased alive an Feb. 14 19 7/ ond that in (my) (our) apin	that (1) (we) last saw the deceased alive an Feb. 14 19 71 and that In(my) (our) apinion death occurred on the date							
and hour and from the causes stated abave. (i) (We) (did) (did not) view the body ofter death.	2000 DATE SIGNED							
M. ODEGREE Phys. Med. Director Phys. &	238. DATE SIGNED Feb. 14, 1971							
23C. PHYSICIAN'S NAME (Type) DEGREE								
	y, lows, or county! (State)							
25A DATE REC'D BY HEALTH DEPT. 1 25B. NAME OF REGISTRAK 25C. PUNERAL DIRECTOR	a Marks							
VS 150-REV. 1/1/68	U Kelst, Kd.							

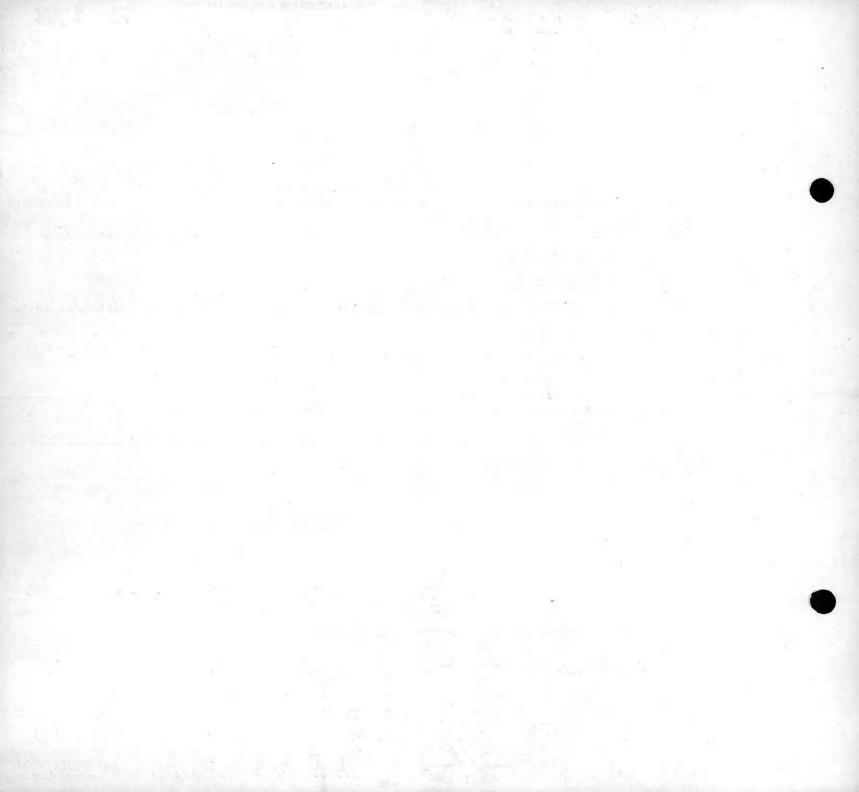


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EA CE	deat deat deat sease	1. N	AME OF DECEASED	SHECDE	oN s.	2. DA	TE AND HOUR OF DEA	TH -40	DUA.
A	p i d	3. F	LACE IN BALTIMORE, MARYLAND, W			4. USUAL RESIDENCE A. STATE B.	(Where deceased lived.	f institution: residence befo	ore odmission)
0	So S	HO	L NAME OF (IF NOT IN HOSPIT	AL OR INSTITUTIO	ON, GIVE STREET	C. CITY OR TOWN		NSIDE CITY LIMITS?	-01
Tm.	D C C C C C C C C C C C C C C C C C C C	限	TIUTION			BALTIMOR	RE	YES NO	
Z Z	ting the second		JOHNS ROPKINS HOS	PITAL		1618 BC	LTON STREE	Т	
m	ribu ribu pine ed mad	5. S			NEVER MARRIED	5/18/35	9. AGE (In years lost birthdoy)	If Under 1 Yr. If I Months Doys Hou	Under 24 Hrs.
2	7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	10A.	USUAL OCCUPATION (Give kind of work	WIDOWED 108, KIND OF BU	DIVORCED SINESS OR INDUSTRY		or foreign country)	12. CITIZEN OF WH	AT COUNTRY?
Z A	nde nde s in		PHARMACIST	DRUG S	STORE	BALTIMORE, MA	ARYLAND	USA	
ે	if d ect Way way the pos	13. (ATHER'S NAME			14. MOTHER'S MAIDE	HY SINDLER		
A L	dir dir d; (d	15. \	DANIEL BARKE Vos Docoased Ever in U. S. Armod For	ces? 16.		17. INFORMANT	HI SINDLER	ADDRESS	••
MON RTA	sist the kin dec	(162	,no or unknown) (If yes, give wor or dote	s of service	SECURITY NO.			FIELDVIEW RD	
NBUB	any any ced nda	П	DISEASE OR CONDITION DI	ECTI V	CAUSE OF DEATH	RESPIR	RATORY FA	APPROXIMA BETWEEN ONS	SET AND DEATH
KORNBUBNE	Also e of noun		LEADING TO DEATH (This does not meen the made of		(A) IMMEDIATE CAU) C ===================================	DEM COMPR	FSXON	
	er. ctur pron		heart failure, osthenia, etc. It meons injury or complication which caused	the diseose,		CONSEQUENCE OF:			
DR 0	min fra ho egul		ANTECEDENT CAUSES		(B) META	STATIC ME	CANOMA (<u>e</u>)	
ER	exe exa 3) A		DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.		DUE 10, OR AS	A CONSEQUENCE OF:	als PHEKE.		
- a	fical cal ns; (icial ras		II		37				
CAL	medi bur bur shys	ATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL					
MED I CA	hief a nody he p sicie	TIFIC,	12/12/7/ 198. CON WAS PER	DITION FOR WHI		20A. AUTOPSY? (Yes	or No) 208, tF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERE CAUSES OF DEATH?	D
Z 3	he c by re t phy fore		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PL.	ACE OF INJURY (e.g., in lorm, factory, street, of	or obout 21 C. WHERE Dice bldg., INJURY, OCC	OID (If in Balti	more City, give exoct locati	(on)
NOT	by tre; (whe No	U	21D.TIME (Month) (Doy) (Year)	etc.)	NA-	JA A	D INJURY OCCUR?		
_	hosine	MEDI	OF INJURY (APPROX.)	While A	11/11		A		
	the iny exc and obto		22. I certify that (I) (this hospital) attended the c	deceased fram	. / / /	19ta	2/12/71	
	be ap ed to nt of a sital (ath);		that (1) (we) last saw the decease and haur and from the causes star		2/(2///	iew the hady after de	nd that in(my) (OOF)	apinian death accurred	I an the date
	dent of death)		23A. SIGNATURE	,			1	23B. DATE SIGNED	
	a hora		23C. PHYSICIAN'S	OMBR	OF Phys	Med. Director	Staff Phys.	2/12/7/	
	Ficate was A. at prior		NAME (Type) DRUCE NO	RTHRU	P MD	601 N	In BRODOWA	4	
	± ₹ € 0 € ₽	24 A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME	E of CEMETERY OF CRE	MATORY 2	4D. LOCATION	(City, town, or county)	(Stote)
		25A	BURIAL 2-14-7	1 HEBREY	YOUNG MEN	25C. FUNERAL DIRE		ADDRES	
	This the I show was dece		EB 16 1977 Pale 81	1300 To	60:00	SOL LEVING	ON BROS.,60	10 REISTERSTO	WN ROAD
		VS	50-REV. 1/1/6B	1	ALIE TA				7



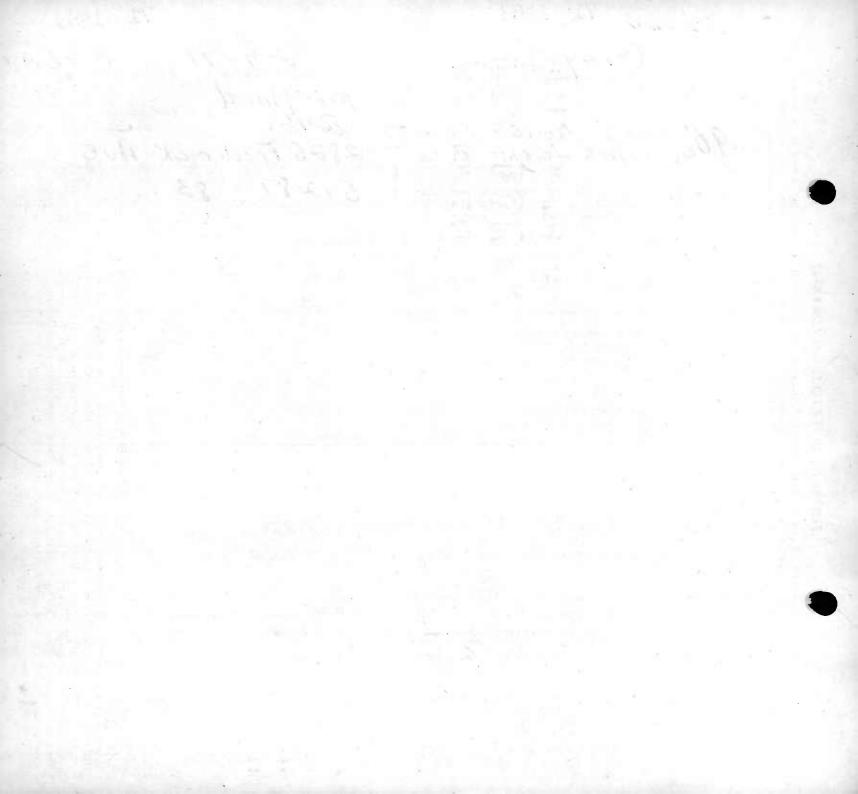
	- 1	G-43/ 71 1561 BALTIMORE CITY HEALTH DEPARTMENT
•	Te or	CERTIFICATE OF DEATH & REG. NO
	and eath ased the Such	BIRTH NO. LINAME OF DECEASED 12. DATE AND HOUR OF DEATH
		(Type or Print)
	क क ल ल • • • • • • • • • • • • • • • • • • •	3. PLACE IN BALTIMORE, MARYLAND, WHIRE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decessed lived, If institution; residence before admission)
	5 0 0	A. STATE B. COUNTY
	ng cause cause; (5) attendanc	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND. 0 53-00
		D. INSIDE CITY LIMITS?
	c 34. /	SINAL HOSPITAL OF BALTIMORE E. STREET AND NUMBER DE DE COMPANDE
	ribut ribut ined rufar ed p	E GEN LAND
	contributing contributing etermined car in regular attaces prior is made.	TOTAL TOTAL CONTROL OF THE PROPERTY OF THE PRO
	0 0 0 0 S	FEMALE WIDOWED DIVORCED 5/28/27 43 10A USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRMHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
		dane during most of working life, even if refired)
	rect or (4) Under was in the desisposition	HOUSEWIFE AT NOWN HOME BALTIMORE, MARYLAND USA 13. FATHER'S NAME 14. MOYHER'S MADES NAME 15. MOYHER'S MADES NAME 16. MOYHER'S MADES NAME 17. MOYHER'S MADES NAME 18. MOYHER'S NAMES N
	wa wa pos	WOULD A MADE NAME
1=		SOL KAUFMAN DORA KADISH
4	- 0 0	15. Was Deceased Ever in U. S. Armed Forces? Yes, no at unknown [If yes, give wor at dates of service] 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
	ssista the y kinc dea ince of	NO NO NR. VERNON R. GOLDBERG, 7416 CAMPFIELD RD. #8
IMPORTANT	84 200	18.7 2 V A CAUSE OF DEATH
	8 2 0 0 0 0	DISEASE OR CONDITION DIRECTLY
	Also, re of noun atterned med	LEADING TO DEATH (A) IMMEDIATE CAUSE BRAIN TUMOR 6 797 Hz
		(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease,
8	ner der. pror lar	injury of complication which coused death.)
2	miner. fractu to pro gular emba	ANTECEDENT CAUSES
O	camicamicamicamicamicamicamicamicamicami	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR	<u>ී</u> මිලි _ස ුසු දු	Inse to the double cause (A) staling the
5		UNDERCTING CONDITION lost, (C)
AL	nedica edical burns; hysicic n was remair	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
\$	E 0 B	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 191A. ACCIDENT WAS UNDERLYING 11 218 PLACE OF INTURY (e.g. in or admitted by the public of th
ш	9 T 6 9 T 4	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
FUNER	b ch by ch chys	WAS PERFORMED WES- IN CERTIFYING CAUSES OF DEATH?
F	tal by tal by sy (2) here No ph befor	In an additional of the control of t
	by the pital b re; (2) where No pl d befo	DEATH (natify medical examines) Name, form, foctory, street, office bidg., INJURY OCCUR?
	a.e. ≥ ≥ a.e.	215-TIME (Manth) (Pay) (Year) (Hour) 215 INJURY OCCURRED 215 HOW DID INJURY OCCUR
	he hosp ny natu except and (6)	
	he he hay n n xce	Work At Work L
		22. I certify that (1) (this hospital) attended the deceased from 2 11 19 71 to 2 12 19 71.
	- U D	that (I) (we) last sow the deceased alive an 2/12 1971 and that in (my) (aur) opinion death accurred on the date
	t be a sed to ant of spital eath) ust be	and hour and from the causes stated above. (i) (We) (did) (did not) view the body after death.
	inst be a leased to ident of hospital o death)	23A. SIGNATURE
	mus elea ccide to d to d al m	Petsag MD- Attending Med. Director Phys. M 2/12/71.
	0 - 0 - >	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	certificate body was r vs: (1) An a D.O.A. at o ased prior ten approv	ANDREAS A. PETSAS SINAI HOSPITAL OF BALTIMORY
	2	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
	Dod D.C ass	BURIAL 2-14-71 OHEB SHALOM MEMORIAL PARK REISTERSTOWN, MARYLAND
	This the shov was dece write	25C. FUNERAL DIRECTOR BROS., 6010 REISTERSTOWN ROAD
		VS 150-REV. 1/1/68



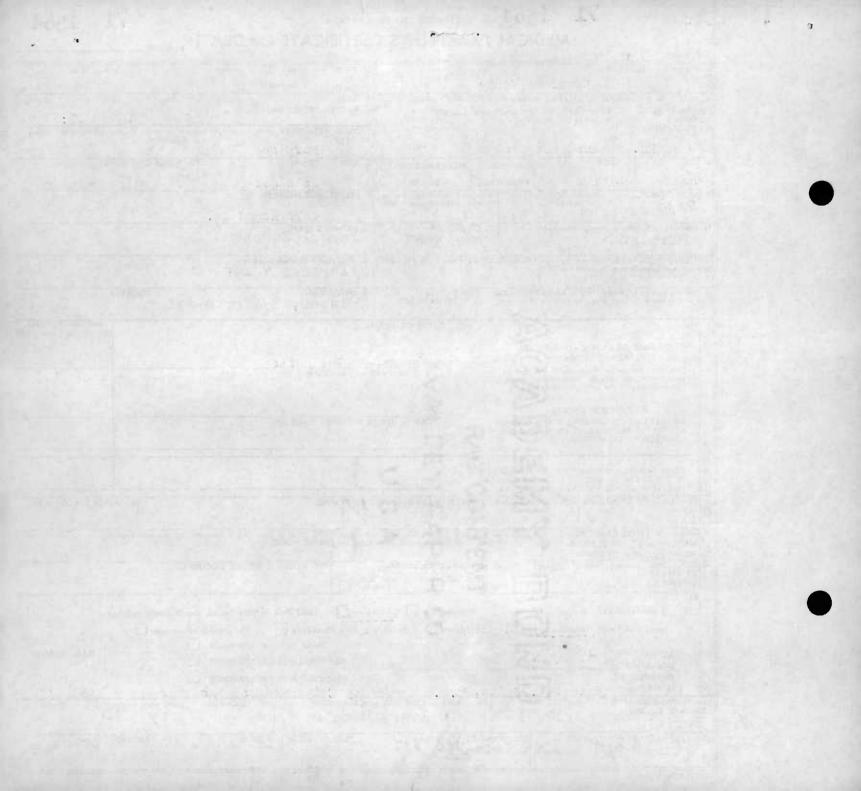


•	death occurred in to contributing countributing countributing countributing countributing in regular after e deceased prior to stition is made.
IMPORTANT	Also, if the direction of the direction of any kind; (4) onounced death we attendance on the almed or final disp
FUNERAL DIRECTOR: IMPORTANI	ef medical examiner, medical examiner, dy burns; (3) A fracti physician who pre cian was in regular he remains are embe
FUN	approved by the chi to the hospital by a fany nature; (2) Bod Il (except where the i); and (6) No physi se obtained before the
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing c shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined caus was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendence on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.

	1	(1 1503	CITY HEALTH DEPARTMENT	-00			
56656	BIR	CERTIFICATION CE	CATE OF DEATH REG. NO.)00			
death death cease on the	1. N	NAME OF DECEASED Pie al Print) PAY Ivene	2. Date and Hour of Death	145 AM.			
of of Dec ce o ath.	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence A. STATE B. COUNTY	before odmission)			
a hosp ause e; (5) ndanc o dec	HC	ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	2 4 4				
d in cause cause atterrior t	76	MT. Singi Nursing Hone	E. STREET AND NUMBER.	NO D			
rribut nined gular sed p	5. 5	SEX 6. RACE MARRIED NEVER MARRIED DIVORCED DIVORCED	lost birmdov	If Under 24 Hrs. Hours Min.			
ath oc r con deterring in re- decease		A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU		WHAT COUNTRY?			
if dect of the control of the contro		FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
stant ind; (leath e on	15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s, no ar unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRI	ESS			
f th f th y kiy d d anc	_	18. CAUSE OF C	Chart	OXIMATE INTERVAL			
al examiner or his of examiner. Also, i; (3) A fracture of an or who pronounce in regular attend on sare embalmed o		healt failule, aslhenia, etc. It means the disease, injuly of complication which caused death.) ANTECEDENT CAUSES	E CAUSE R AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF:	vendes			
hief medica a medica lody burns, he physici rsician was	CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSI IN CERTIFYING CAUSES OF DEATH?	IDERED			
tal by 2; (2) B here t No phy before	CAL CER	OR CONTRIBUTING CAUSE OF home, form, factory, stree	(e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact let, office bldg., NJURY OCCUR?	location)			
ved by hospi nature ept w d (6) f		21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not	While Work				
approto to the fany II (exc		22. I certify that (!) (this hospital) ottended the deceosed from that (!) (we) lost sow the deceosed alive on	7 19 7 to Sella 9 ond that in(my) (our) opinion death occur	urred on the dote			
0 0 7 7		ond hour and from the couses stoted obove. (1) (Wa) (did) (did n					
5 5 5 6		23A. SIGNATURE SELLOW DEGREE DEGREE	Attending Med. Shaff Phys. Director Phys. 23B, DATE SIGN	2/7/			
0 - 0 - 0		23C. PHYSICIAN'S NAME (Type) Seynow A. Ruhn	23D. ADDRESS Sylv Duly Heylts	ne			
certinody /s: (1) D.O. ased		A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CALVAI	ry Cemetry A A County Md				
This certhe bod shows: was D.C decease written	L	A. DATE REC'D BY HEALTH DEST 1258 NAME OF REGISTRAR	On Sharestand 1206 W North	press V e			
	VS	150-REV. 1/1/6B					

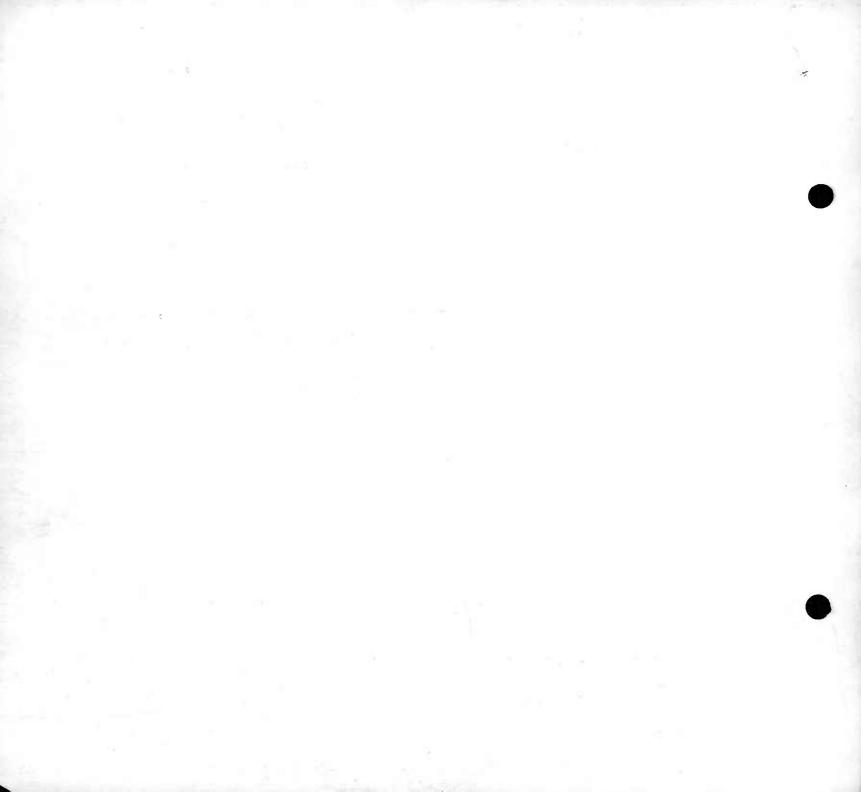


121 1564 BALTIMORE CITY HEALTH DEPARTMENT 71 1564							
5-3/2 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.						
BIRTH NO.	keg, NO.						
1. NAME OF DECEASED (Type or Print)	2. DATE Knawn Manth Day Year Hnur						
Edward Stubbs	DEATH Estimated L						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Manth Day Year Haur PRONOUNCED DEAD 1 20 71 12 50						
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	1 29 71 12:50 p. 5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)						
Md. General Hospital	A. STATE Maryland B. COUNTY /4-0 >						
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
male Colored WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs.	Baltimore YES NO SESTREET AND NUMBER						
2/36 (last birthday) Manths Days Haurs Min.							
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	1427 Brunt St.						
Maryland [WHAT COUNTRY?	Israel Stubbs						
14A.USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTRY	Y 15. MOTHER'S MAIDEN NAME						
dane during most of pring-life even il relired)	Florence White						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS						
(Yes, na ar unknawn) (II yes, give war or dates al service) SECURITY NO.	Sister, 734Pejnn Ave						
19. 4 8 / V , CAUSE OF DEA	TH APPROXIMATE INTERV						
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND D						
IFARMIC TO SECTIO	cause Pneumonia						
(This does not mean the made of dying, e.g., heart lailure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:						
injury ar camplication which caused death.)							
ANTECEDENT CAUSES (R)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:						
UNDERLYING CONDITION LAST.							
(c)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes ar No						
0 2							
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	fn ar about 22C. WHERE DID (II in Baltimare City, give exact location)						
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. hame, larm, lactary, street, allicuting Cause of DEATH.	te bldg., etc.) INJURY OCCUR?						
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?						
(APPROX) WHILE AI CONTINUE NOT	WHILE T						
23.							
I certify that I held an Inquiry Inspection Au	stapsy XX and that on this basis, death in my opinion						
resulted from: Natural couses X Accident Sulcid	de Homicide Undetermined manner						
11128121 50	CHIEF MEDICAL EXAMINER DATE SIGNED						
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED							
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER						
NAME (Type) Werner U. Sputz, M.D. De	eputy Chief Medical Examiner 1/31/71						
Derived the second seco	or CREMATORY 24D. LOCATION (City, town, or county) (State) Cemetry A A County MD						
Durtat							
25A. DATE REC'D AY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR and 1206 APDRESSNorth						
VS 151-REV, 1/1/68	7 5 5 3						



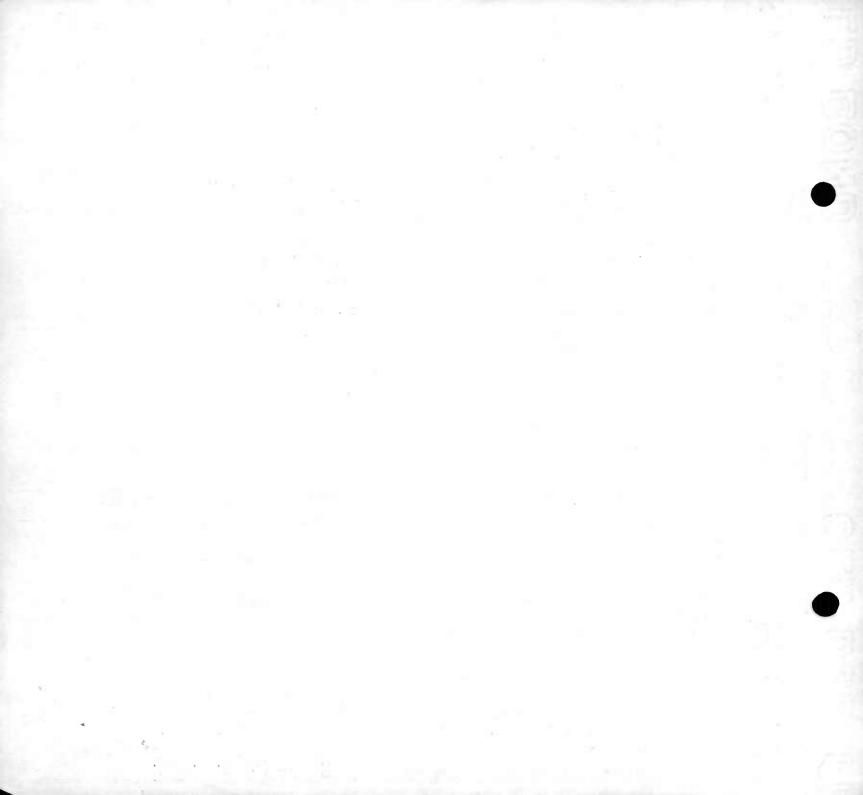
	1	BALTIMORE CITY HEALTH DEPARTMENT
-	5 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	BIRTH NO. 71 1565 CERTIFICATE OF DEATH REG. NO. 71 1565
	e d as d s d S o d	1. NAME OF DECEASED (Type or Print) WILLIAMS MORRISE. 2. DATE AND HOUR OF DEATH
	of d of d dece	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY
	5) [2]	A. STATE B. COUNTY
_	2000	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION) INSTITUTION INSTITUTION INSTITUTION ID. INSIDE CITY LIMITS?
	use;	DAI TIM OF THE
	B B E 54	LUITONGEN LAUSTUCK (AND NUMBER
	d a d d d d d d d d d d d d d d d d d d	1 1/1.33 / 70/1/1/2 / 1/2
	ig ir ja be	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Months; Days Hours; Min.
	S a s a s	Vace WIDOWED DIVORCED 3-19-09. 6 m.
	co c	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	de inde	NONE ROCKY MOUNT N C U S A
7	S S S S S S S S S S S S S S S S S S S	13. FATHER'S NAME
_ :	direct (1, (4) (th wo on the dispos	?
7	ind; eath aldi	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
	kin de de	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. LAND LADY CORA ANERSON. 1633 Thomas AV
בי בי בי	7 5 5 E F	18. CAUSE OF DEATH
	ard ard	BETWEEN ONSET AND DEATH
•	Also o o unit	LEADING TO DEATH
. }		(This does not meon the mode of dying, e.g., heort foilure, osthenia, etc. It meons the disease,
ž :	교육교육	injury or complication which caused death.)
- 5	E T O D O	DISEASES OR CONDITIONS, IL any, giving DIABETES MELLITUS: (B) MELLITUS: (B) HYPERCHILESTEROLAEMIA.
J .	X () Y D	DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS A CONSEQUENCE OF:
2 2	an an ir	UNDERLYING CONDITION last. (c)
21 .5 21 .5	rns rns sici was	z
	re re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL It had falle fulmonary ordens on almost
H o	P d d	OISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED
	Bo Hr S X	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
1 8	(2) ere ph efor	OR CONTRIBUTING CALLES OF
>	No No	O DEATH (nofity medical examine)
7.	60 tu	21D. TIME (Month) (Day) (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
2	a d d	(APPROX.) While At Work Not While
	bt a	22. 1 certify that (1) (this haspital) attended the deceased from 2 - 10 - 1971 to 2 - 13 - 1971
	be (c)	that (I) (we) lost saw the deceased alive on 2-13- 1971: and that in (my) (our) opinion death occurred on the date
		and haur and from the causes stated above. (1) (We) (did) (did-net) view the bady after death.
	dent deat deat must	23A, SIGNATURE 23B, DATE SIGNED
	a h	Menon M. Degree Attending Med. Shaff 2-13-7/
-	F B F F F	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	y was 1) An c 1.A. at d prio appro	JABRISL MATIO MEMON. May / 11/ One Horsen Lo of Mary (and)
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, of county) (Stote)
į	0 % 0 %	BURIAL 2/18/71 MT Calvary Cemetry A A County M,
	the b show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR DSC. FUNERAL DIRECTOR ADDRESS
F	: # # ≥ ₽ ≥	FEB 16 1971 Rais & July Ra of Adolphus Halstead 1206 W orth Ave
		VS 150-REV- 1/1/68

	4-457	71	4 0 0		HEALTH DEPARTMENT	250 110	71	1566
11	TH NO.		1566	CERTIFICA	TE OF DEATH	REG. NO		1000
(Ту	NAME OF DECEA	СНА	RLES	HOLMES		UARY 11, 1		м.
3.	PLACE IN BALTIA	ORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	here deceased lived, If i	nstitution: resid	dence belore odmission)
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION				Maryland	In this	IDE SITUALIS	15-01
1114					Baltimore	D. 1N3	YES T	NO []
	1620	Presbury	Stre	eet	E. STREET AND NUMBER	0.	,120 [_]	110
5. 5	EX 6.	RACE	7. AKA BATURA	NEVER MARRIED	1620 Presb	9. AGE (In years	1 11 11 1 2	V
	M	C	WIDOWED	DIVORCED	7/4/04	lost birthdoyl	Months Do	Yr. If Under 24 Hrs. Hours Min.
don	e during most of work Retire	king life, even if refired)	108, KIND OI	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or to Baltimore	-	** **	A A
13.	FATHER'S NAME		<u> </u>		14. MOTHER'S MAIDEN N.			
				?	Bertha Hol			
15, \ (Yes	Was Deceased Ev.	er in U. S. Armed Fore yes, give wor or date	es? s ol service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		A	DDRESS
-	18, 4 1 6			216-10-834 CAUSE OF DEATE	Mrs Stel	la Holmes		
	2000	OR CONDITION DIR	ECTI V	CAUSE OF DEATH		Lav Ou		APPROXIMATE INTERVAL WEEN ONSET AND DEATH
	LE.	ADING TO DEATH		(A) IMMEDIATE VA	Too come	In I all	sese	
	heart failure, ast	mean the made of henia, etc. It means	the disease.	DUE TO, OR AS	SE A CONSEQUENCE OF:	***************		*********
		ation which caused	death.)	Em	ale semi			
		ECEDENT CAUSES		(8)	de la			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	rise to the	CONDITIONS, if a bove cause (A) ONDITION last.	iny, giving stating the	(C)	A DONSEQUENCE OF:			
		11		(9/		****************		
TION	TO THE DEATH B	NT CONDITIONS CON	E TERMINAL	######################################				
		ERATION GIVEN IN PART WAS PERF	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes of h	10) 208, IF YES, WERE	FINDINGS CO USES OF DEA	NSIDERED
S	21A. ACCIDENT	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Baltimer	re City, give ex	roct location)
CAL	DEATH (notily me	IG LI CAUSE OF	hom	e, lorm, loctory, street, olf	ice bldg. INJURY OCCUR!	li iii saiiiiis	ony, give ex	toti totolloll;
MEDI	OF INJURY	onth) (Day) (Year)	i	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		U.
	(APPROX.)		Wor	rk At Work	<u> </u>		2 / 1	(1)
- 1		t (1) (this haspital)		7/6////	[10] 50	19ta	911	
- 1		it saw the decease					nian death a	curred on the date
and haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death.								
	Attending Med. Shaff Director Phys.							
	23C. PHYSICIAN'S NAME (Type)	6/72	NE	2 Pedree 2	3D. ADDRESS	Lolan	the	ave a
24A	BURIAL CREMA REMOVAL (Spec Burial			AME of CEMETERY OF CRE		LOCATION		youtle (side)
22.5		2/19/71 HEALTH DEN. 1071 Colors	25B, NAME C	Calvary Ce	2SC, FUNERAL DIRECTO	A Count	1	ADDRESS North Av
VS 1	150-REV. 1/1/68	10/1			1 9 0 5			02 011 11 0



W.	300
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
-	way
ANI	dir nd; (
ORT	f the ry ki
MPC	his so, i of an unce
=	A A A A A A A A A A A A A A A A A A A
FUNERAL DIRECTOR: IMPORTANT	fract fract o pi gula
REC	3) A wh
	lical cal cal ars; (a iciar cas i ca
RAL	medi her bur phys
NE	chief Body the ysici
F	the all by (2) (2) o ph
	d by ture, ture, twh 6) N
	y na xcep nd (
	app to the of an of an (e)
	spite
	a ho
	was a
	Sody (1)
	This certificate must be applied body was released to thows: (1) An accident of a was D.O.A. at a hospital (deceased prior to death);
	トナル 3 4 3

	total a fill	4 0		1 3			1-14	4
BIRTH NO.	71	1567		CERTIFICA	TE OF DEATH	REG. NO		150/
(Type or Print)					2. DATE	AND HOUR OF DEAT	н	
		aac White			2-1	2-7/		8:00 P.
	LTIMORE MARYLAI	ND, WHERE PRO	NOUNCE	D DEAD	A. STATE B. CO	here deceased lived. If JNTY	institution: res	idence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN H ADDRESS OR	HOSPITAL OR IN R LOCATION)	AOIT UTITE	I, GIVE STREET	Md.	D. IN	ISIDE CITY LIA	AITS?
KER KER	NAN NURSIN	IG HOME			Baltimore		YES X	NO 🗌
		14N A	1,0	21216	E. STREET AND NUMBER			
S. SEX	6. RACE		Tarana a		2910 Chelse			
				EVER MARRIED		9. AGE (In years iost birthdoy)	Months:	1 Yr. If Under 24 Hrs Doys Hours Min.
Male	Black	el work 108, KINT		DIVORCED	7/4/1901 11. BIRTHPLACE (State or fo	69		
done during most of	working life, even if re	stired)	01 1031	NESS OR INDUSTRE	BIRITIFIA CE (STOTE OF TO	reign country!	12. CITE	EN OF WHAT COUNTR
3. FATHER'S NA	ME				14. MOTHER'S MAIDEN N			
Thomas	White				Emily Whit	e		
5. Was Deceased	Ever in U. S. Ann	ed forces?		OCIAL	17. INFORMANT			ADDRESS
res, no or anknown	Jul yes, give war e	or doles of selvice	ce/ S	ECURITY NO.				
18. 7 4	1 9			CAUSE OF DEATH	Mrs. Odell Wh	ite 2910 Ch	elsea T	
and the same	SE OR CONDITIO	M Dispose		CAUSE OF DEATH	Ω		ва	APPROXIMATE INTERVAL TWEEN ONSET AND DEAT
	LEADING TO DE	EATH		(A)IMMEDIATE CAU	ISE Branchopn	lummia	-	3 days.
heart failure,	nat mean the mod asthenia, etc. It n	de of dying, o	ise,	DUE TO, OR AS	A CONSEQUENCE OF			-/ -
injury or can	nplication which co	aused death.	•	Orefeat	til cerevo varenda			
	ANTECEDENT CA	LUSES		in accio	leute, left		[2 - 0 /-1.
DISEASES C	OR CONDITIONS,	, if any, giv	ing	DUE TO, OR AS	A CONSEQUENCE OF:			
	e above cause G CONDITION las		the	(6)				
				(c)				
TO THE DEAT	FICANT CONDITION: TH BUT NOT RELATED	D TO THE TERMIN	IG AL	****************				
19A. DATE OF	ONDITION GIVEN I	CONDITION FO	OR WHICH	OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERI	FINDINGS	ONSIDERED
19A-DATE OF	WA	S PERFORMED				IN CERTIFYING C	AUSES OF D	ATH?
	NT WAS UNDERLY				l l			
DEATH (notify	JTING 🔲 CAUSE O	F -	home, for	E OF INJURY (e.g., in n, foctory, street, off	n or about 21C, WHERE DID fice bidg., INJURY OCCUR?	(II In Boltim		exoct location)
DEATH (notify	medicol exominer		home, for	n, foctory, street, oil	fice bidg., INJURY OCCUR?			
DEATH (notify	JTING 🔲 CAUSE O		home, for	RY OCCURRED Not While	21F. HOW DID II			
DEATH (notify) DEATH	JTING CAUSE OF medical examiner (Month) (Day) ((Yeon) (Hour)	home, formelc.) 21E INJU While At Work	RY OCCURRED Not While At Work	21F. HOW DID II	IJURY OCCUR?		
DEATH (notify 21D. TIME OF INJURY (APPROXI 22. I certify	medical examined (Month) (Day) (that (1) (shis has	F (Yeon (Houn) spital) attende	home, formelc.) 21E INJU While At Work d the dec	RY OCCURRED Not While At Work ceased from	21F. HOW DID II	JURY OCCUR?		
DEATH (notify 21 D. TIME OF INJURY (APPROXI 22. I certify	JTING CAUSE OF medical examiner (Month) (Day) (F (Yeon (Houn) spital) attende	home, formelc.) 21E INJU While At Work d the dec	RY OCCURRED Not While At Work	21f. HOW DID II	19 69 10 2	ore City, give	exact location;
DEATH (notify 21D.TIME OF INJURY (APPROXI 22. I certify that (I) (we)	medicol exominer (Month) (Doy) (that (I) (Most hose) last saw the dec	F (Yeorl (Hour) spital) attende ceased alive o	home, for elc.) 21E INJU While At Work d the decin	RY OCCURRED Not While At Work ceased from The book	21f. HOW DID II	19 62 to 2 that In (my) (our) or	ore City, give	exoct location)
DEATH (notify 21D. TIME OF INJURY (APPROXI 22. I certify that (I) (we)	medicol examiner (Month) (Day) (that (I) (this has last saw the dec	F (Yeorl (Hour) spital) attende ceased alive o	home, for elc.) 21E INJU While At Work d the decin	RY OCCURRED Not While At Work ceased from The book	21f. HOW DID II	19 62 to 2 that In (my) (our) or	ore City, give	19occurred on the dot
DEATH (notify 21D.TIME OF INJURY (APPROXI 22. I certify that (I) (we) and hour and 23A. SIGNATU	that (I) (this has last saw the decider from the causes	F (Yeorl (Hour) spital) attende ceased alive o	home, for elc.) 21E INJU While At Work d the decin	RY OCCURRED Not While At Work ceased from (did) (did not) vi	21F. HOW DID II	19 62 to 2 that In (my) (our) or	ore City, give	19occurred on the dot
DEATH (notify 21D.TIME OF INJURY (APPROXI 22. I certify that (I) (we) and hour and	that (I) (shis has last saw the dead from the causes	F (Yeorl (Hour) spital) attende ceased alive o	home, for elc.) 21E INJU While At Work d the decin	RY OCCURRED Not While At Work ceased from	21F. HOW DID II	19 6 1 to 2 that In (my) (our) op	ore City, give	19occurred on the dot
DEATH (notify 21D.TIME OF INJURY (APPROXI) 22. I certify that (I) (we) and hour and 23A. SIGNATU 23C.PHYSICIA NAME (T	that (I) (this has last saw the decider from the causes like poly poly poly poly poly poly poly poly	(Yeorl (Hour) spital) attende ceased allve o s stated above Bowlings TE 240	home, for elc.) 21E INJU While At Work d the decin (I) (We	Not While At Work Ceased from Cities (did not) vi	21F. HOW DID II 19 7 and lew the bady after death Med. Director 1 30. ADDRESS Med. A7-75	staff Care	ore City, give	19
DEATH (notify 21 D. TIME OF INJURY (APPROXI 22. I certify that (I) (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T) 24A. BURIAL CREI BEMOVAL (S) BUT I d)	that (I) (this has last saw the decider from the causes like poly poly poly poly poly poly poly poly	(Yeorl (Hour) spital) attende ceased allve a s stated above B : Way 1 TE 240 7/71 M	home, for elc.) 21E INJU While At Work d the decin (1) (We)	Not While At Work Ceased from Clidia) (dld not) vi Attention DEGREE G CEMETERY of CREA	21f. HOW DID II 21f. HOW DID II 19 7 and lew the bady after death 13D. ADDRESS MCd. A7-7S MATORY 24D.	Shoff Phys. Cocation (C) Balto. Mc	23R DATE	signed countyl (Stote)
DEATH (notify 21 D. TIME OF INJURY (APPROXI 22. I certify that (I) (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T) 24A. BURIAL CREI BEMOVAL (S) BUT I d)	that (I) (shis has last saw the dead from the causes like pypel Pob 7. MATION, 248, DAI Specily) 2/17	(Yeorl (Hour) spital) attended ceased all ve as stated above Both Mary 1 7/71 M 258. NAM	while At Work of the decided of the	RY OCCURRED Not While At Work ceased from (did) (did not) vi DEGREE F CEMETERY of CRES DISTRAR	21F. HOW DID II 19 7 and lew the bady after death Med. Director 1 30. ADDRESS Med. A7-75	Sheff Decation (C) Balto. Mc	ore City, give	19



BALTIMORE	CITY HEALTH	DEPARTMENT

71 1568 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	1568	
I. NAME OF DECEASED (Type or Print) JAMES LAWSON		Year Hour	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Jenii	Yeor Haur 8:05 A.	
SINAI HOSPITAL	A. STATE Maryland B. COUNTY	27/6	
6. SEX Negro 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN Baltimore YES	MITS?	
9. DATE OF BIRTH Nov. 22, 1949 10. AGE (In years W Under 1 Yr. If Under 24 Hrs Months Doys Hours Min	E. STREET AND NUMBER 2922 Edgecombe Circle		
Baltimore, Md. 11. Birthplace (State or loreign country) Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY?	James Lawson		
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give war or dates of service) 17. SOCIAL SECURITY NO.	Flease Presley 18. INFORMANT ADDRE Mrs. Sonja Lawson 2922 Edgec	ss ombe Circle	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE	ATH ocerebral Injuries	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI	
(This does not mean the made of dying, e.g., heart failure, osthenia, eic., it means the disease, talury ar complication which caused deoth.) ANTECEDENT CAUSES (8)	AS A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	R AS A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W			
		yes	
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	Gwynn Oak Avenue	102 ft. of	
(APPROX.) 2-6-71 1:00 A. WHILE AT NO AT WORK	WORK Pedestrianstruck by car		
	utopsy 🗵 and that on this basis, death in my opini de 🔲 Homicide 🔲 Undetermined manner 🗆	ion	
ACTUAL SIGNATURE I held What M.		DATE SIGNED	
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER 2/1	2/71	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY 2-16-71 Garden of Ete	(Cary) town, at c	aunty) (State)	
258. NAME OF REGISTRAR FEB 17 1971 Con E. Salbey M.D.	25C. FUNERAL DIRECTOR ADDRES	2121/	
VS 151-REV. 1/1/68	Morton & Dyett F. H. 1701 La	aurens St.	

455	BALTIMORE CITY HEALTH DEPARTMENT MARK NO. 30-607/75 -
7002	(LD LIER ATE INC. NO.
and eath ased the	BIRTH NO. 7-2-108 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH
de de con	(Type or Print) Marie Ilemina 2-14-71 12:05 AM.
+ 4 0 4	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
hospituse of (5) De ance death	A. STATE B. COUNTY
hos use (5)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET \$\frac{1}{2501} = \frac{1}{2501} = \frac{1}{250
cau use; tend	C. CITY OR TOWN C. CITY OR TOWN Balt Ind 21215 YES NO
l in a hospi ng cause o cause; (5) D attendance ior to deat	and theasant manor physics E. STREET AND NUMBER
D.=_ L.	Milliang Hone 40: and
F 2 2 2	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors y) If Under 1 Yr. , If Under 24 Hrs.
contribucontri	Jernale Negro NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors y 3 If Under 1 1. If Under 24 Hrs. Months Doys Hours Min. Min.
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
det in in on	done during most of working life, even if retired
as e d siți	13. FATHER'S NAME
pos	13. FATHER'S NAME
on rne a disposiți	Tred Bull Sebecca Duell
final	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) III yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SUITEMEN Culture 2507 Harlem Culture
	SECURITY NO. Sarah Cullend 2507 Harlemave 947 - 2288
	18. 2 CAUSE OF DEATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY MACHINE DE CONTRACTOR DE SETWEEN ONSET AND GEATH
	LEADING TO DEATH
	heart loilure, asthenia, etc. It means the disease,
	injury or complication which coused death.)
	ANTECEDENT CAUSES (Contropola) new year.
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
	rise to the above cause (A) stoling the UNDERLYING CONDITION tost.
ı	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
1	O THER SIGNIFICANT CONDITIONS CONTRIBUTING
I	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	In the administration of the state of the st
	DEATH (notify medical examines)
	21D. TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At D. Not While C.
	(APPROX.) While At Not While At Work
	22. 1 certify that (1) (this heapttel) attended the deceased from 11-1-68. 19 to 2-14-71 19
	that (1) (we) last saw the deceased alive an 1-19 19 71 and that In(my) (eve) apinian death accurred an the date
	and have god from the causes stated above. (1) (We) (did) (did not) view the body after death.
	DEGREE Phys. L. Director L. Phys. L.
	23C. PHYBICIAN'S NAME (Type) DALTO. M.
1	DECREE 721 MEDICAL HRTS BLDg. 21201
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, towar, or county). (Stole)
	Dural 2-18-11 Int Cuburu Cem. Palto Mil
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REDISTRAR 25C. FUNERAL DIRECTOR ADDRESS 2121
	All and the transfer of the tr
	VS 150-REV. 1/1/68



C.642		71 1570 BALTIMORE CITY HEALTH DEPARTMENT
54844		RTH NO.
dea deas		NAME OF DECEASED 2. DATE AND HOUR OF DEATH 1. A. C. S. A. C. S.
# + 0 o 4.	3	
se o (5) D		ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION CIVE STORE)
a h caus se; (s	i	ULL NAME OF GENOT IN HOSPITAL OR INSTITUTION, GIVE STREET CONSTITUTION ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
4 - 3 -		YES M NO T
P.E 0 B.E.	ó	UNIVERSITY HOSPILA 1917 MALISON AVE APT 201
24.52	5. E	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., If Under 24 Hrs.
ocontro ocontr		TIME GRO WIDOWED DIVORCED SCHOOL
후 - 후 : 후.	0 de	ne during most of yorking life, even if retired) 12. CITIZEN OF BUSINESS OR INDUSTRY 11. BIRTHPLACE IState or foreign country) 12. CITIZEN OF WHAT COUNTRY?
f de ct o	S 13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME)
	odsib	Johnnie Flowers PEAFlowers
TAN istan istan he di kind; death	E (1,3	Wes Decessed Ever in U. S. Armed Forces? 14 SOCIAL 15 SECURITY NO. 17. INPORMANT 17. INPORMA
S is the second		100 83-22-2733 DAUGHTER 905W SHVAlocH St
his as so, if of any unced tenda	lo B	DISEASE OR CONDITION DIRECTLY
	E	This does not mean the mode of during the CA) IMMEDIATE CAUSE FULTER - CEREBIER TOTA 978
iner iner acture pron	50	heart loilure, asthenia, etc. It means the disease injury or complication which coused death.)
xamin kamin A fra who	E	ANTECEDENT CAUSES THE TO THE TERMENT OF THE
EC.	5	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR: lical examiner cal examiner ns; (3) A fractu ician who pro		UNDERLYING CONDITION lost. (C)
L dic	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 3 > (6)
ef medy buy	. <	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Z id Strik	ERTIFIC	1994. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Z Z	21A. A C CIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in Boltimare City, give exoct location)
トニッチェー	2 U	21D These (Ab. al.) (20 al.)
hosp nature d (6)	MEDI	OF INJURY While At The Not While The Not Wh
THE PARES	5	22. 1 certify that (1) (this hospital) attended the deceased from Z-(3-7) 19 to >-(3-7)
of appoint to the transfer of a transfer of transfer o		that (1) (we) (ast saw the deceased alive an 2-13-41 19 and that in (my) (aux) apinian death accurred an the date
b tripit		and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
de de de		Attending W. Med. Staff D
9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3	23C. PHYSICIAN'S NAME (Type) Aftending Med. Stoff Director Phys. 23D. ADDRESS Advanced Type) 23D. ADDRESS
certificate sody was r D.S. (1) An a ased prior		JE ACTAMA DEGREE
ody Sed		REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) (Stote)
5 0 :	25.	DATE REC'D BY HEALTH DEPT. V258, NAME OF REGISTRAR JOSEPH DIRECTOR CALL ADDRESS 2121
This the show		FEB 17 1971 PER E VENEZA ON ONTO 16 YELD WELL F. H 1701 - PRIVER
	VS	150-REV. 1/1/68

0 − 1 − 2 001 5

VS 150-REV. 1/1/6B



71 15	1572	BALTIMORE CITY HEALTH DEPARTMENT	1 100
	MEDICAL	EXAMINER'S CERTIFICATE OF DEATH	15/2

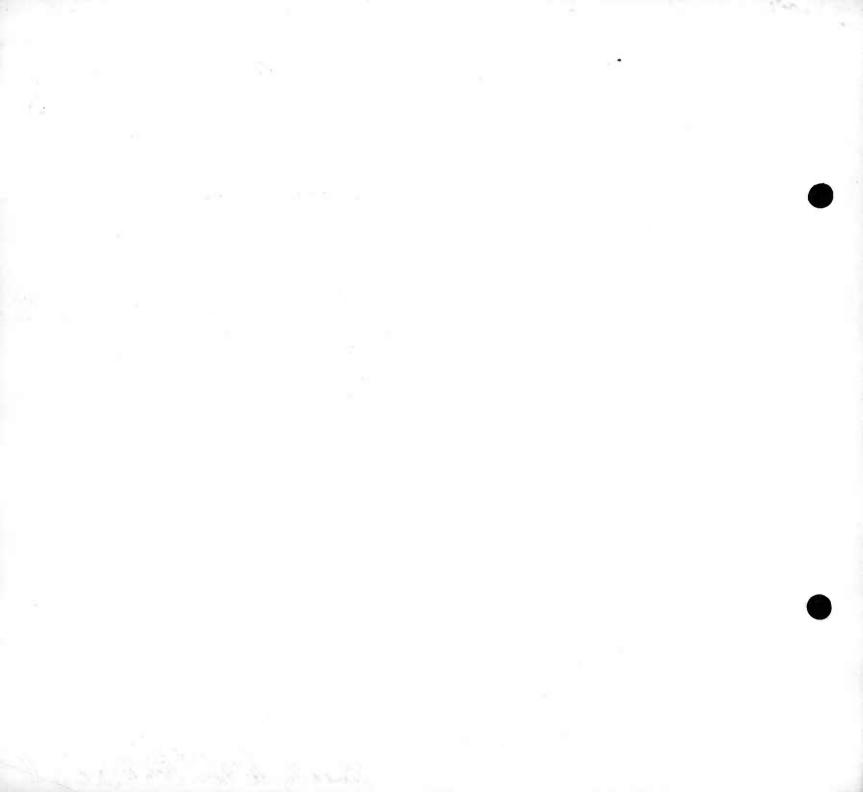
BIRTH NO.						0,112 01		REG. NO			
NAME OF DECEASED					2. DATE	Knawn 🔼 X	Month	Day	Year	Hour	
Type or Print) Bessie Pettus					OF DEATH	Estimated	2	14	71	11:45	ą.
. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE		Manth	Day	Yеог	Hour	M.
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION					UNCED DEAD	2	14	71	11:45	M.	
2907 Ulman Avenue				S. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission) A. STATE Md.							
SEX 7. RACE B. MARRIED NEVER MARRIED				C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?			
female	Negro		WIDOV			to.		YE	s 🗆	NO 🗆	
Feb. 6,	1900	10. AGE (In		If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		Ulman A	renue				
1. BIRTHPLACE (S	tote or lorelg	n country)		12. CITIZEN OF	13. FATHER	SNAME					
Virginia	a			WHATS QUNTRY?	Kit	Pettus					
4A.USUAL OCCUI	PATION (Give rarking life, eve	kind of work en il retired)	14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE Dor		WE				
. WAS DECEASE					18. INFOR	TNAN		AD	DRESS		
es, na ar unknown) NO	(It yes, give w	or or dates	at service	214-14-3194	Ern	estine S	Smith	2907	Ulman	Ave	
19. 4/1 5	1,4		- 16	CAUSE OF DEAT	тн					PROXIMATE INTER	
DISEASI	E OR CONDI	TION DIREC	CTLY	Arter	ioscle	otic card	liovasc	ular dis			
	LEADING TO			(A)IMMEDIATE C	ALISE						
(This does no	ot mean the i	mode of dy	ing, e.g.,		S A CONSEC	UEN CE OF:					
injury or cam	plication which	h coused de	th.)								
	NTECEDENT O		GIVING	(B) DUE TO, OR	AS A CONSE	THENCE OF					
RISE TO THE	ABOVE CAL	ISE (A) STAT	ING THE	562 (6) 611	A	COLINCE OI.					
UNDERLYIN	IG CONDITIO	ON LAST.		(c)							
2		II								-	
2 TO THE DEA	IFICANT CON ATH BUT NOT CONDITION (RELATED TO	THE TERM	ING INAL							
				FOR WHICH OPERATION WA	S PERFORM	ED			21 AUTO	PSY? (Yes or N	10)
				TOR THIRDIT OF ERAMON HA	AS PERFORMED 21. AU						.0)
₹ 22A. FXTER!	VAL CAUSE V	146		220 DI ACE OF INVITING		0.0 11/11/20 20 20				no	
UNDERLYING UTING CA	OR CONT	RIB-	1.64	22B.PLACE OF INJURY(e.g., home, form, lactary, street, affice	bldg., etc.)	NJURY OCCUR?	(il in Baltimor	e City, give exac	t location)		
OF INJURY	Manth) (De	y) (Yeor) (Hou) 22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCL	JR?			
(APPROX.)				m. WHILE AT NOT	WHILE						
23.				III., IIOKK LI AI W	OKK						—
1 certi	Ify that I he	ld on 1	nquiry [Inspection XX Aut	op sy	and that on t	his basis,	death In my d	pinlon		
result	ed from: No	turol car	XX.	Accident Suicid	e He			ned monner	1		
	-	71				HIEF MEDICAL			-		
ACTUAL		Die	1 1	e onker		TANT MEDICAL		Ħ		DATE SIGNED)
SIGNATU			1./	Corregno.	, A331.			NA.	2	/15/71	
NAME (T	ype)		ipkov	ric, M.D.	ASSO	CIATE MEDICAL I	XAMINER	XX.	4	/13//1	
4A. BURIAL CREA		B. DATE		24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town,	or county)	(Stote)	
Burial	" 2	2/18/	71	Mt. Auburn	Com	Po	ltimo	no Mos	2777000	d	
SA. DATE REC'D			25B. N	AME OF REGISTRAR		UNERAL DIRECT		1/DAD	ylan	u	
	EB 17	1971	Parl	SE, Jaber, M.D.				1,Kin	Buch) -	
F	CATI	1311	7.000	7	Ke.	lson-F.H	. 134	8 N. Ca	alhou	n St.	-

IMPORTANT

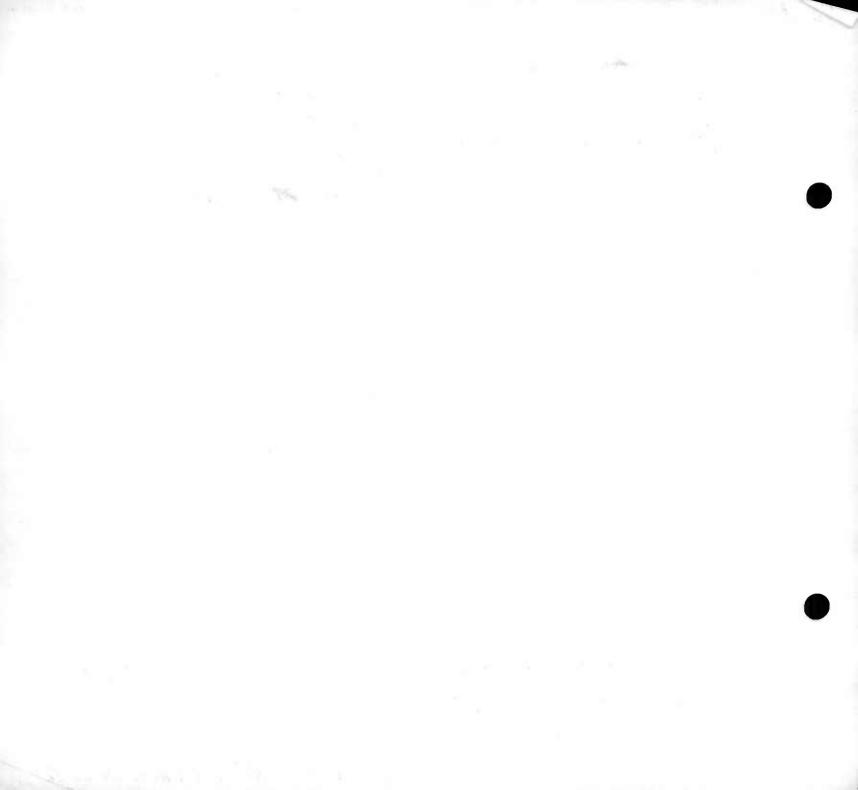
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

	F14 4 E76	BALTIMORE CITY	HEALTH DEPARTMENT	V	71 1576 4			
	TH NO. 71-0327/ 1576	CERTIFICA	TE OF DEATH	REG. NO	/1 15/0			
	AME OF DECEASED WELK, BAB	Y BOY		RUARY 13,				
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD		here deceased lived. If i	nstitution: residence before admission)			
FUI	LL NAME OF (IF NOT IN HOSPITAL OR INST	ITUTION, GIVE STREET		LTIMORE	5300			
INS	ST AGNES HOSPITAL		BALT MORE	D. INS	SIDE CITY LIMITS?			
14	WIKKENS & CATON A	AVES.	E. STREET AND NUMBER	1	YES NO			
Ĺ	BALTIMORE, MARYLA	AND 21229	1528 ROLLI	NG ROAD				
5. \$	MALE WULTE WIDOWE	NEVER MARRIED	8. DATE OF BIRTH 02 13 71	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Ain			
10A.	USUAL OCCUPATION (Give kind of work 108, KIND			oreign country)	12. CITIZEN OF WHAT COUNTRY?			
done	NEWBORN		MARYLAND		U.S.A.			
13. F	PAUL C WELK		SUSAN MC	CLANALIAN				
15. V (Yes,	Vos Deceosed Ever in U. S. Armed Forces? ,no or unknown)[(If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	NO Production		ST AGNES RE	CORDS WILK	ENS & CATON AVES.			
П	18. 776:41	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Pulmon	resu ate	lectoric ?			
	(This does not meon the made of dying, e.g., heart failure, osthenia, etc. It means the disease,							
	injury or complication which caused death.)							
	ANTECEDENT CAUSES		A CONSEQUENCE OF:	1 3				
	DISEASES OR CONDITIONS, if any, givin rise to the abave cause (A) stating th UNDERLYING CONDITION lost.							
_	11	(c)			***************************************			
OI.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
ICA:	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	20A. AUTOPSY? (Yes or	Noll 208, IF YES, WERE	FINDINGS CONSIDERED			
	WAS PERFORMED		YES	IN CERTIFYING CA	AUSES OF DEATH?			
Z\ C\ \	OR CONTRIBUTING CAUSE OF ho	B. PLACE OF INJURY le.g., i me, form, foctory, street, of c.)	or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimo	re City, give exocl location)			
MEDI	OF INJURY	E INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?				
<		Thile AI Not While At Work						
	22. I certify that (1) (this haspital) attended the deceased from FERRUARY 13 19 7to FERRUARY 13 19 71							
	that (1) (we) lost saw the deceased alive on				inian deoth occurred an the dote			
	and hour and from the causes stated abave. (1) (We) (did) (dtd vor) view the bady after death.							
	1 ' 1	OF DAS M.D. Atte	nding Med.	Staff Phys.	23B, DATE SIGNED (7)			
	RITA APIBUNK	OPAS, M.D.	ST AGNES 40	SPITAL BAL	TO MD 21229			
24A.	BURIAL CREMATION, 24B. PATE 24C.	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (Stote)			
B	urial 2/13/71 /d	Lace Episa	ral -	Elkrida.	Med			
25 A.	PEB 17 1971	OF REGISTRAR	1 25C. FUNERAL DIRECT	OR W. Tollet	Elliest City May			
VS 1	50-REV. 1/1/68							

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	2.631	71 1577 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 1577
- 4	34 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	BIRTH NO. 71 1577 CERTIFICATE OF DEATH REG. NO. 71 1577
	of death Of ceased o on the other. Such	1. NAME OF DECEASED [Type of Pint] 2. DATE AND HOUR OF DEATH
	of do Dece	ECKHART, JAY VINCENT FEBRUARY 15, 1971 5:00 P.
	of of Dec ce o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission a state by COUNTY)
	hosp use (5) I lanc dea	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
	l in a ng cau cause; attend ior to	CT ACNEC LICCUITAL
	ed in ting d cau r att	WILKENS & CATON AVENUE BALTIMORE YES NO
	70.0	BALTIMORE, MD. 21229 103 ROCK GLEN RD, -APT. F 2122
		5. SEX 6. RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years if Under 1 Yr., If Under 24 Hrs Min.
	contributed in regulation is ma	MALE WHITE WIDOWED DIVORCED U6-22-0/ 63
	- 0 - 0	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
	Po Du S E	SALESMAN MONTGOMERY WARD OHIO J.S.A.
	if de rect o (4) Un was the sposit	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
5	200	JOHN ECKHART DEC'D Grace Kent DEC'D
A	a a a a a	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor at dotes of service) ADDRESS SECURITY NO.
R	32	YES WW2 257-18-9097 ST.AGNES HOSPITAL, WILKENS & CATON AV
PORTAN	Also, if re of any nounced attendar	CAUSE OF DEATH APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
W	Also, ire of an nounce attend	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
_		LEADING TO DEATH IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
OR:	niner. fractu o pro- gular embal	injury or camplication which caused death.)
CTC	fro fro	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
EC	xaminer. Xaminer.) A fractu who pro vho pro regular	DISEASES OR CONDITIONS, if any, giving ise to the obave cause (A) stating the
DIRE	200 c.E s	UNDERLYING CONDITION last. (C)
0	medical burns; hysicia n was remain	z II O Marked coronary atheresilerosis
A	bed bullen hy ren	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING LIVE CIVEN CIVEN SIS:
K	# E > 0.0 0	USEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 1995 CONDITION FOR WHICH OPERATION 1204-AUTOPSY2 (Yes of No.) 208. IF YES, WEBS SINDINGS CONSIDERED.
FUN	chie Bod the the the	WAS PERFORMED YES IN CERTIFYING CAUSES OF DEATH?
H	tal by tal by s; (2) B here t No phy before	OR CONTRIBUTING CICALISE OF LINE OCCUPY, GIVE EXCELLENCE OCCUPY, GIVE EXCELLEN
		DEATH (notify modical examined etc.)
	ved by the hospital by nature; (2) sept where d (6) No ph	DEATH (notify medical examples) OF INJURY
		(APPROX.) Work At Work
	T + - 0 - 0	22. I certify that (1) (this hospital) attended the deceased from FEBRUARY 15 19 71 to FEBRUARY 15 19 71
		that (1) (we) lost saw the deceased alive on FEBRUARY 15 19 71 and that in (my) (our) opinion death occurred on the date
	st be ased lent ospite deat	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
		23A. SIGNATURE 23B. DATE SIGNED
	글= '	The flying war Mo DEGREE Phys. Med. Director Phys. Feb. 16 7/
	at a at a cov	SSC-PHISICIANS NAME (Type) 23D. ADDRESS
	certificate m sody was related in the control of th	DECREE
	Certinopoly // / / / / / / / / / / / / / / / / /	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
	This cert the body shows: (I was D.O decease written o	Burial 2/18/71 Woodlawn Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS
	This certificate n the body was re shows: (1) An acc was D.O.A. at a deceased prior t written approva	FEB 17 1971 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Witzke, 1630 Edmondson Ave., 21228
		VS 150-REV. 1/1/68

VS 150-REV. 1/1/68

Admillio170 14ELAF Tyette AVE

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE Knawn Doy Month Year (Type or Print) HARRY WILHEIM OF Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Hour Dov Year (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PRONOUNCED DEAD FULL NAME OF 14 1971 8:05 a HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE 717 East Ave. B. COUNTY 6. SEX 7. RACE C. CITY OR TOWN 8. MARRIED NEVER MARRIED D. INSIDE CITY LIMITS? male white Balto. WIDOWED DIVORCED NOL 9. DATE OF BIRTH 10. AGE (In years # Under I Yr. If Under 24 Hrs. Months : Doys : Hours : Min. E. STREET AND NUMBER lost birthday) 717 S. East Ave. 11. BIRTHPLACE (State or loreign country) 12, CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? umare 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even il retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no prunknown) ((Il yes, give wor or dates of service) 17. SOCIAL SECURITY NO. 8. INFORMANT ADDRESS Emma 19. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. it means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Boltimore City, give exact lacation) home, form, loctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Hour) 22E, INJURY OCCURRED (Yeor) 22F. HOW DID INJURY OCCUR? OF INJURY m. WHILE AT NOT WHILE (APPROX.) AT WORK 23. hoquiry [I certify that I held on Inspection K Autopsy and that on this basis, death in my apinion resulted from: Natural couse Accident ____ Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER 2-14-71 NAME (Type) Isidore Mihalakis, M.D. 24A. BURIAL CREMATION. 24B, DATE 24C. NAME, of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

2-18-11 Soudon Ph

(State)

IMPORTAN

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

1 F14 4-	BALTIMORE CITY	HEALTH DEPARTMENT		ria 4 - 04			
G-635 71 15	CERTIFICA	TE OF DEATH	REG. NO	71 1581			
1. NAME OF DECEASED (Type or Print)		2. DATE AND	HOUR OF DEATH	1			
LAURA M.	GORDON	To be	-unau 1	6:1971 1205 AN			
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased Wed. If	institution: residence before admission			
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)			ro. Co 530			
Linion Memoria	CATONS UTILE	D. IN	SIDE CITY LIMITS? YES - NO -				
anion memor	74007	E. STREET AND NUMBER 6276 FREDERICK ROAD					
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs Months! Days Haurs Min.			
to Cau wid	OWED P DIVORCED	7/01/07	t birthdoy	Months Days Haurs Min.			
10A, USUAL OCCUPATION (Give kind of work 10B, K)		11 0107001 00000	5				
done during most of working life, even if refired)	IND OF BUSINESS OR INDUSTRE	or toreign	country)	12. CITIZEN OF WHAT COUNTR			
	CAS BROS.	MARY/AN	٨	Amer.			
3. FATHER'S NAME	-43 27 23,	14 4407115015 44417514					
/ /		14. MOTHER'S MAIDEN NAME		•			
5. Was Deceased Ever in U. S. Armed Forces?	KER 116. SOCIAL	MARBARET	-MAIS				
Yes, no or unknown) (If yes, give war or dotes of se	SECURITY NO.			ADDRESS			
		1+0SPITAL	RECI	RNC			
18.6/ / / / . 9 1	CAUSE OF DEAT		/	APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY				SETWEEN ONSET AND DEAT			
LEADING TO DEATH	(A) IMMEDIATE CAU	SE					
(This does not mean the mode of dying	this does not mean the mode of dying, e.g., DUE TO OR AS A CONSEQUENCE OF.						
trent mines astraind are it wedne me disease.							
Man - William / Man de							
ANTECEDENT CAUSES (B) (B)							
DISEASES OR CONDITIONS, if any, giving Due to, or as a consequence of:							
rise to the above cause (A) stating the							
UNDERLYING CONDITION last.	(c)	*************************					
O OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING		X				
TO THE DEATH BUT NOT RELATED TO THE TERM VIOLENTE OF CONDITION GIVEN IN PART 1 (A).		*****		***************************************			
DISEASE OR CONDITION GIVEN IN PART 1 (A). UNITED THE TERM OF CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED UNITED TO THE TERM OF THE TER	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE	FINDINGS CONSIDERED			
WAS PERFORME	D		IN CERTIFYING CA	AUSES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING	219 84 4 65 65 111111111111111111111111111111						
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomines)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	ice bldg., INJURY OCCUR?	(II In Boltimo	ore City, give exact location)			
	21E INJURT OCCURRED	21F. HOW DID INJUR	T OCCUR?				
S OF INJURT	While At Not While Work At Work						
(APPROX)	Work At Work						
22. I carried that #2 (this hasnied) asset	rded the deceased from	1/24 10	71	2 /16 :21			
	A / A /						
that (i) (we) last sow the deceased aily	e an 4/16	19ond that	in (my) (inian death occurred on the da			
and hour and from the causes stated abo	ave. (1) (1881) (did) (distance)						
23A. SIGNATURE	(did) (did) (ew the bady diter death.					
250. STORATORE	and.			23B, DATE SIGNED			
Herred Pl	Alexand hour	nding Med. Sk	off 1	2/1/5/			
	DEGNEE	3D. ADDRESS	7 3	1-16/11			
23C. PHYSICIAN'S NAME (Type)		THE PROPERTY		' / /			
44. BURIAL CREMATION, 248. DATE	DEGREE 24C. NAME of CEMETERY OF CRE	MATORT	ATION (C	The family of the state of the			
REMOVAL (Specify)	2-10.11AIVIE OF CENTETERS OF CRE	MATORT 24D. LOC	Allon (C	ity, town, or county) (State)			
8/18/11 2/19/71	KAITO N	ATL 9	AIT	M			
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	11416	ADDRESS			
FFR 17 mm Da an Z	A. 22 h	DIRECTOR DIRECTOR	1/2	7			
I TO TI AND AGGER OF AS		1550 16 Alex	VABB	01228			
VS 150-REV. 1/1/6B							



Move Hort	M-460 BALTIMORE CITY HEALTH DEPARTMENT	71 1582
and and ased the Such	BIRTH NO. 1. NAME OF DECEASED 1. DATE AND B.	OUR OF DEATH
1,5005.	MILLER, EDNA PEARL FEBRUA	ARY 14, 1971 5:00P.
) S E		receased lived. If institutions residence before admission
cause cause use; (5 endai	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) OC. CITY OR TOWN OC. CITY OR TOWN OC. CITY OR TOWN OC. CITY OR TOWN	D. INSIDE CITY LIMITS?
ng caus	WILKENS & CATON AVES.	28 YES NO 🖄
ed er	BALTIMORE, MARYLAND 21229 10 MAGRUDER AV	
occur intrib rrmin egul ased	FEMALE WHITE WIDOWED DIVORCED 02 02 84	GE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
or co ndete in r dece	10A. USUAL O CCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Stote or foreign of done during most of working life, even if refired) NONE WEST VIRGINIA	
direct (4) U h was in the disposi	JOHN MYERS MIERS 14. MOTHER'S MAIDEN NAME ANNEPETERS	
istal he ch kind dear	15. Wos Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) NO STAGNES RECOR	ADDRESS OS WILKENS & CATON AVES
s ass any ced ndan or fi	18. 4 1 2 4 1 CAUSE OF DEATH	APPROXIMATE INTERVAL
hi of of not	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenie, etc. It means the disease,	The Paris
ser or cture prono ar at balm	(This does not mean the made of dying, e.g., heart failure, asthenie, etc. It means the disease, injury or camplication which caused death.)	
age fring	ANTECEDENT CAUSES (8) A S C V D	1
examexam 3) A 3) A in re	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	***************************************
	UNDERLYING CONDITION lost, (C)	
ef medical medical dy burns; physicial cian was he remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 120A AUTORS 27 (A) 20 Not 20	***************************************
chie Body the ysici	WAS PERFORMED YES	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in er eboul 21C. WHERE DID home, ferm, foctory, street, effice bidg., INJURY OCCUR?	(If In Beltimore City, give exact location)
broved by the hospitally nature; except whe and (6) No obtained be	21D-YIME (Month) (Doy) (Yeorl (Houd) 21E INJURY OCCURRED While At Not While (APPROX.) OF INJURY Work At Work	O GCUR?
5 T E O O		11 to FEBRUARY 14, 19 /1
ased to dent of a ospital (death);	that (1) (we) last saw the deceased alive on FEBRUARY 14 19.71 and that in and hour and from the causes stated abaves (1) (We) (did) (did) there view the body after death.	(my) (our) opinian death occurred on the date
3 4 9 5 5 1	23A, SIGNAT URE	23B, DATE SIGNED
a de la contra del la contra de la contra del la contra de la contra del la contra de la contra del	Attending Med. Staff Phys. 23C. PHYSICIAN'S NAME (Type) Attending Med. Director Phys. 23D. ADDRESS Attending Med. Director Phys. 23D. ADDRESS	
This certificate m the body was rel shows: (1) An acc was D.O.A. at a l deceased prior to	NAME (Type) NAME (Type) ST AGNES HOSPI	TAL WILKENS & CATON AVES
y y Sed	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCAT	
This certifie body shows: (I) was D.O. deceased written a	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR	IARD CO. M.L.
### × \$ ×	FEB 17 1971 Obbert & Jaken 43, 1 0 0 Est. Mag Mal	of 301 Trederick Ref
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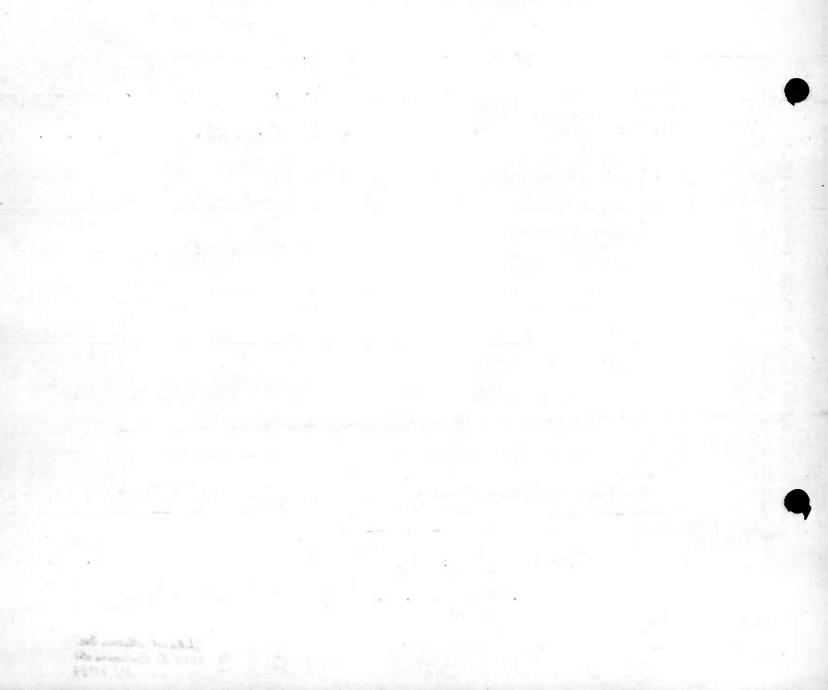
25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH I. NAME OF DECEASED 2 DATE AND HOUR OF DEATH (Type or Print) Nargaret Elizabeth Hooke February 13, 1971 7:30 A M

4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C CITY OR TOWN D. INSIDE CITY LIMITS? 3900 Old York Road Baltimore NO F. STREET AND NUMBER Baltimore, Maryland 3900 Old York Road S. SEX 6. RACE 9. AGE (In years 7. MARRIED NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. lost birthdoy Months Dovs Nov. 12. 1890 Yrs. DIVORCED Female WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Clerical Work Metal&Supply Co Baltimore 13. FATHER'S NAME Michael Hooke Jennie McClenahan 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT 6. SOCIAL SECURITY NO. Edward Baney-Attorney-5405 York Rd. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 10 (A) IMMEDIATE CAUSE Arteriosclerotic cardio-DUE TO, OR AS A CONSEQUENCE OF: Vascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES Diabetes mellitus vrs. DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the UNDERLYING CONDITION last. Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location) DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from December 19 62 to February 13, 19 / that (1) (we) last saw the deceased alive an January 71 and that in (my) (our) apinian death accurred an the date and haur and from the causes stated above. (1) (#e) (did) (did not) view the bady after death. 23B. DATE SIGNED 23A. SIGNATURE etending 🔀 Feb. 15, 1971 Staff 23 C. PHYSICIAN'S NAME (Type) Lloyd Saylor, 3902 Greenmount Avenue 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION 2/16/71 New Cathedral Cemetery Balt ingres.

25C. FUNERAL DIRECTOR

3000 E. Baltin



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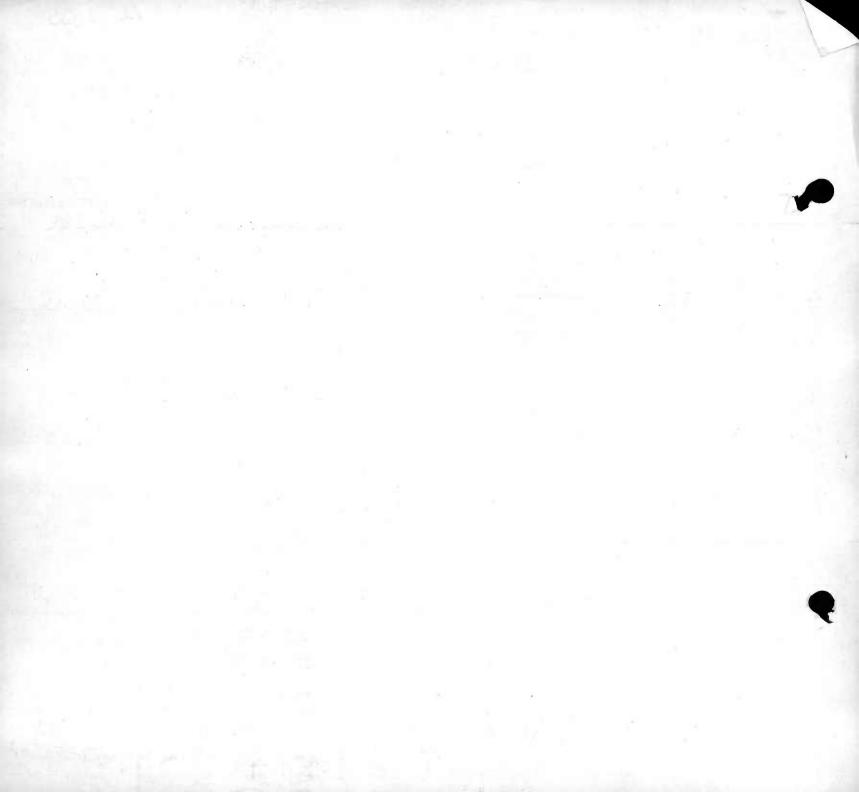
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,/ ,			BALTIMORE CITY	HEALTH DEPARTMENT		71 1-05
BIRTH NO.		585	CERTIFICA	TE OF DEATH	REG. NO	11 1585
(Type or Print)		KA:	DLICK	2-13		2:53 AM
FULL NAME OF HOSPITAL OR	LTIMORE, MARYLAND, WHE (IF NOT IN HOSPITAL ADDRESS OR LOCATI	OR INSTITUT		MARYLAND	BALT	IMORE CITY 530
33 THE			SPITAL	BALT I MORE E. STREET AND NUMBER		YES NO
				7 WEST BEN		
FEMALE	CAu.	WIDOWED _		11-21-08	ost birthday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	WORKING life, even if retired)	B, KIND OF E	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fareign	gn country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NA	RAPHAEL POLIF	KOFF		14. MOTHER'S MAIDEN HAM MASHA KRUT		.,
15. Was Deceased (Yes, no or unknown	d Ever in U. S. Armed Forces	of service)	6. SOCIAL SECURITY NO.	17. INFORMANT W. Frank K	40. Q	ADDRESS
(This does heart foilure, injury of con DISEASES rise to the UNDERLYIN	LEADING TO DEATH not meen the mode of dy, osthenic, etc. It meens the mplicotion which coused do ANTECEDENT CAUSES OR CONDITIONS, if on the obove couse (A) st G CONDITION lost.	ying, e.g., e disease, eoih.) y, giving loting the	(B)(C)	SE LEFT VENT A CONSEQUENCE OF: POKONANY AUT A CONSEQUENCE OF: NONE		
DISEASE OR CONTRIB	F OPERATION 198, CONDITION WAS, PERFO	(A). TION FOR WI	HICH OPERATION UCULAL AND LACE OF INJURY (e.g., i	20 A. AUTOPSY? (Yes or No)		FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	(Hour) 21 E. I While Work	NJURY OCCURRED Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
	y that (I) (this haspital)		2-13	-1	9 1 to our op	2-13 1971 Inian death accurred an the dat
23A. FIGNAT	Wil K. Bon	d above. (1)	Atte		Staff Phys.	238. DATE SIGNED 2-13-71
23 C. PHYSICI NAME (BONE	DEGREE	THE JOHNS H	HOPKINS H	OSPITAL
Bure	2/10/	24C. NAA 7 \-\2	WE OF CEMETERY OF CRE	MATORY 24D. LC	Bolto	City, town, or county) (State)
FEB 17	1977 Pobe & E.	Page 1	22-0 N	1958	uis d Son	9610 Resolution

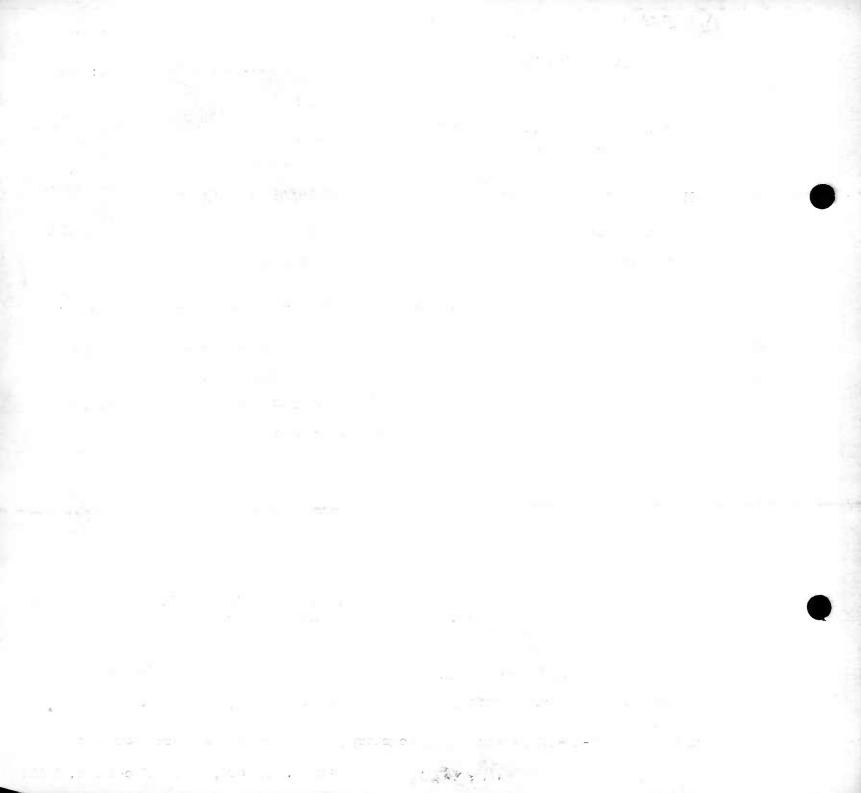


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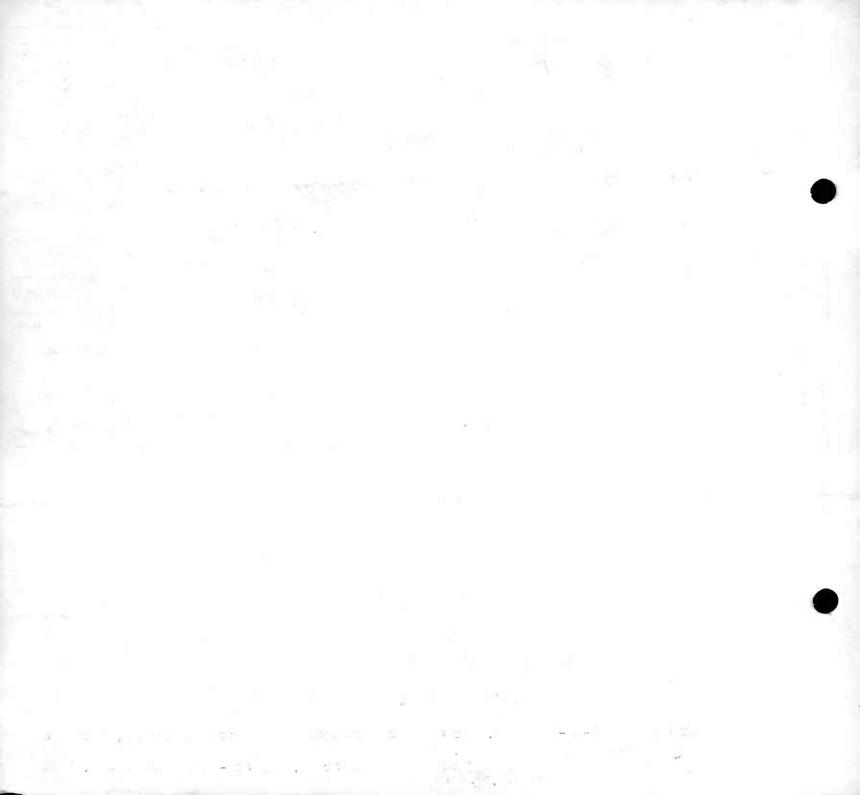
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



		7 225	BALTIMORE CITY	HEALTH DEPARTMENT		m: 4 - 00	
	BIRI	- 735 H NO. 71 1	588 CERTIFICA	TE OF DEATH			
		AME OF DECEASED OF Print) Horais F.	SEXTON	2. DATI	AND HOUR OF DEA	3:15 A.M	М.
	3. PI	LACE IN BALTIMORE MARYLAND, WHERE PRO	4. USUAL RESIDENCE I	Where deceased lived. I	f institution: residence before adm	nission)	
- 11	FULL NAME OF HOSPITAL OR INSTITUTION, GVE STREET HOSPITAL OR INSTITUTION, GVE STREET ADDRESS OR LOCATION) South Ball: Fren			C. CITY OR TOWN		NSIDE CITY LIMITS?	
1				E. STREET AND NUMBE	R	YES NO X	
1	. SE	EX 6- RACE 7- MARS	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 2	24 Hrs
		WIDOW WIDOW	VED DIVORCED	7/17/91	79	Months Days Hours	Min.
	lone	USUAL OCCUPATION (Give kind of work 10B, KINI during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. PIRTHPLACE (Stole or	loreign country)	12. CITIZEN OF WHAT CO	UNTRY?
ll.	3. F.	ATHER'S NAME		14. MOTHER'S MAIDEN	VC/C /		
		SAM SEXTOR	7	FRANCE.	0-1	~ ?	
1	5, W Yes,	(as Deceased Ever in U. S. Armed Forces? no or unknown) (II yes, give war ar dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	11 17	ADDRESS	
			463-09-4361	DAUGI	etica K	V by HAMILLON B	acj
	1	8. 492 XI	CAUSE OF DEAT	H)	A	APPROXIMATE INTE	
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Tul	when,	0-10-	- Comera	
	9	(This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF	- Com	5, 1900	Z
		heart failure, asthenia, etc. It means the dise Injury or complication which caused death.)	ase,	1			
		ANTECEDENT CAUSES	روا ل	waliz	ed eu	wale Seme	
	1	DISEASES OR CONDITIONS, if any, gi	ing (8)	A CONSEQUENCE O		1. 17 4.	
		rise to the above cause (A) stating UNDERLYING CONDITION last.	The Court Ac	nce my	randial	unfandin	
	_	11			· · · · · · · · · · · · · · · · · · ·		
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN		•			
		DISEASE OR CONDITION GIVEN IN PART 1 (A).		120A AUTORSY2 IVes o	Noll 208 IE VEC WE	E SINDINGS CONSIDERED	
	CERTIFIC	WAS PERFORMED	ok which orekanok	20A. AUTOPSY2 IVes of No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	CAL	PIA. ACCIDENT WAS UNDERLYING DEATH (notify medical examine)	21B. PLACE OF INJURY leag., in home, form, loctory, sheet of etc.)	or obout 21C. WHERE DI fice bldg., INJURY OCCU!	O (If In Boltie 12	nore City, give exoct location)	
		PID-TIME IMonth) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED		INJURY OCCUR?		
	<	APPROX.)	While At At Work				
	2	2. I certify that (1) (this hospital) attended	ed the deceased from "2	12/2/	19to	19/2/ 19	
	t	hat (1) (we) last saw the deceased alive	on	19and	that in (m) (our)	pinian death accurred an th	ne date
	0	and hour and from the causes stated above	(1) (We) (did) (did not) v	lew the body after dea	th.		
		3A. SIGNATURE	1 4 10 14			23B. DATE SIGNED	
	2	Sonald W. His	DEGREE Phys		Staff Phys.	23 B. DATE SIGNED	
	2	BC. PHYSICIAN'S NAME ITYPE	DEGREE Phys	Med. Director 23 D. ADDRESS	Shoff Phys.	23B. DATE SIGNED	,
	2	SC. PHYSICIAN'S NAME ITYPED DONNLD / / CL	M DEGREE Phys	South	Balf be	2/14/2/ M (
3	2 2 24A.	BURTAL CREMATION, 24B. DATE REMOVAL (Specify) 23C. PHYSICIAN'S NAME IType) 8 URTAL CREMATION, 24B. DATE 24	DEGREE Phys	Director L 23D. ADDRESS MATORY 241	Palf be	M (ICity, town, or county) (S	itatel
	2 2 24A.	Burial Cremation, 24B. Date REMOVAL (Specify) Burial 2-16-71	DEGREE Physics American Degree Chame of CEMETERY of CRE	Director L 23D. ADDRESS MATORY 24E h Cemetery	Pall Co D. LOCATION Chesterfield	County, Virginia	
	2 2 24A.	Burial Cremation, 24B. Date 1240 Burial 1 2-16-71	DEGREE Phys	MATORY 2410 Cemetery (1) 25C. FUNERAL DIRECT	Dall Co. Location Chesterfield	M (ICity, town, or county) (S	a



Howard H.

Hubbard, 4107 Wilkens Ave. 21229

3/5/71 - Letter from Office of the Chief Medical Examiner, signed by Dr. Peter Lipkovic.

1	(1) 15	7		BALTIMORE CI	TY HEALTH DEPARTMENT		74 4-00		
	BIRTH NO.	71	1590	CERTIFIC	ATE OF DEATH	REG. NO	71 1590		
3	I. NAME OF DECE	CLARA	J.	WARNER	2. DATE A	nd hour of death	1 ,		
	3. PLACE IN BALT	MORE MARYLAND,	WHERE PRONO	UNCED DEAD		ere deceased lived. If in-	stitution: residence before odmission)		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION			Maryland c. CITY OR TOWN		DE CITY LIMITS?			
made,	537 S. Catherine Street Baltimore, Maryland 21223			Baltimore	Baltimore YES X NO				
				537 S. Catherine Street					
	S. SEX	. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE IIn years	If Under 1 Yr. If Under 24 Hrs. Manths; Doys Haurs; Min.		
	Female	White	WIDOWED		May 24, 1883	lost birthday) 87	Months Doys Hours Min.		
	done during most of we Housewi	orking life, even if relired)	BUSINESS OR INDUSTI	Y 11. BIRTHPLACE ISlate or for Marylar		U.S.A.		
osit	13. FATHER'S NAM	E			14. MOTHER'S MAIDEN NA		U.D.A.		
disposition	John Founds				Unknown				
	(Tes, na ar unknown) (ver in U.S. Armed F II yes, give war ar da	arces? les af service)	SECURITY NO.	17- INFORMANT		ADDRESS 21227		
	No			212-12-7699A		Warner, 4910	Gateway Terrace		
٥	DISEASE	OR CONDITION D	IRECTLY	CAUSE OF DEA		4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
embalmed	₂₀ L	EADING TO DEATH	f .	(A) IMMEDIATE CA	Cardice app	221.			
oal	(This does not mean the mode of dying, e.g., heart laiture, asthenia, etc. It means the disease, injury or camplication which caused death.)								
E		NTECEDENT CAUSE		Paite	Esterior My	ocerdial infa	lien		
are	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:								
		abave cause (A)	stating the	(c)	SEUD.				
remains	7	11							
9	E TO THE DEATH	ANT CONDITIONS CO	THE TERMINAL						
the	U 19A. DATE OF C	PERATION 198 CO	RT 1 (A), NDITION FOR V RFORMED	VHICH OPERATION	20A. AUTOPSY? (Yes ar N		NDINGS CONSIDERED		
	Z 21A. ACCIDENT					IN CERTIFYING CAU			
before	DEATH Inatify m	WAS UNDERLYING NO CAUSE OF ledical examiner	ham elc.)	PLACE OF INJURY (e.g., e, farm, factory, street,	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacation)		
ained	S OF INJURY	Manth) (Day) (Yeor		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
ţ.	IAPPROX.)		War			=1			
opt	22. I certify that (I) (this haspital) attended the deceased from San 15 1971 to Feb 13 1971								
pe	that (I) (we) lost sow the deceased alive on 19 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.								
must	23A. SIGNATURE		ored above. (I	(me) (did) (did not)	view the body ofter deoth.		23 B. DATE SIGNED		
	M	Achin	-	DL.	ending Med.	Staff Phys.	2-15-71		
approval	23 C. PHYSICIAN NAME (Type	s Marcelino	F. A11	ouerne	23D. ADDRESS	111/3			
ddr	24A. BURIAL CREMA			DEGREE			asadena Md. 21122		
	REMOVAL (Spe Burial	2-16-7		on Park Ceme		OCATION (City,	tawn, or caunfy) (State)		
written	SA. DATE REC'D 8		25 NAME O		25C. FUNERAL DIRECTOR	timore, Mary	Land		
3	FEB 17 %	Massell !	No.	Pro n			ilkens Ave. 21229		
1	S 150-REV. 1/1/68								

ý 1 1000 til The second of th and the second s

FUNERAL

deceased Was Robert C. Altenburg Funeral VS 150-REV. 1/1/68

NO T

Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(State)

Maryland

ADDRESS

Home

USA

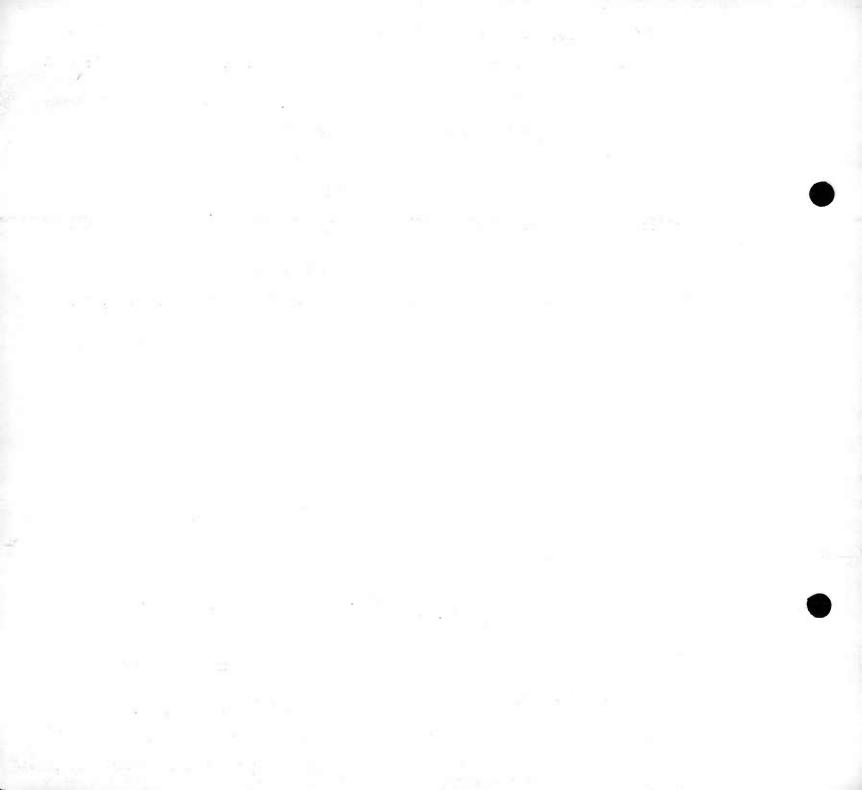
If Under 24 Hrs.

3939 Roland Ave.

D 2011			BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	71 1	593	CERTIFICA	TE OF DEATH	REG. NO	71 1593
1.NAME OF DECEA	- 1 10 0	10415	5		D HOUR OF DEATH	7/ 3.30 0
3. PLACE IN BALTIA		ERE PRONOUNCE	D DEAD		e deceased lived. If inst	A.
FULL NAME OF HOSPITAL OR INSTITUTION	OF NOT IN HOSPITAL	OR INSTITUTION	I, GIVE STREET	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	tulion: residence before admission)
BON SECO	ours		8	C.CHW OR TOWN TANS	327	E CITY LIMITS?
HOSPIT				E. STREET AND NUMBER 2217 Sulphur	Spring Road	21227
M	W	WIDOWED 🖾	DIVORCED	09/24/95		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of wor	TION (Give kind of work 10	B. KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
Reti	NED			Maryland		U.S.A.
13. FATHER'S NAME	1 /1			14. MOTHER'S MAIDEN NAM	A E	
2DW14	JWIKU	SIC		VIRGIN	(A	
15. Was Deceased Ev (Yes, no or unknown) (If	er in U. S. Armed Forces yes, give wor or doles o		OCIAL ECURITY NO.	17. INFORMANT		ADDRESS 21227
No			2-05-7755	Mr. Carroll G.	Rusk, 2217 S	Sulphur Spring Rd.
18.44	OR CONDITION DIREC		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LE.	ADING TO DEATH			- Anterinalia	to boot lin	4.40
(This does not	meon the mode of dy henia, etc. it means the	ring, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	se, susus assi	all years
injury at complic	calion which coused de	ath.)		4 / /	1 1 - 17	
	TECEDENT CAUSES		(B) Cong	A CONSEQUENCE OF:	failure	mouther
DISEASES OR	CONDITIONS, if any obove cause (A) slo	, giving	DUE TO, OR AS	A CONSEQUENCE OF:	/	
UNDERLYING C	ONDITION lost	anny me	(c)			
7	11					
F TO THE DEATH B	NI CONDITIONS CONTR UT NOT RELATED TO THE T	ERMINAL				
U TOA DATE OF OR	DITION GIVEN IN PART 1 PERATION 198 CONDITI	(A).	OPERATION	20A. AUTOPSY? (Yes or No)	208 IE VEC WERE FINI	DIVICE CONSIDERED
3 Jan, 20	WAS PERFOR	MED andrE HOS		yo	IN CERTIFYING CAUSE	ES OF DEATH?
OR CONTRIBUTION	WAS UNDERLYING	21B. PLAC	E OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimore C	ity, give exact location)
DEATH (notify me	dicol exominer)	elc.)	n, locioly, sireer, uni	ce pldg. INJURY OCCUR?	-	
	ionth) (Doy) (Year) (F	Hour 21E INJU	RY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	-	While At	Not While			
22. I certify tha	t (1) (this hospital) of			Canvary 11	7/ to Ecby	77 30 77
	st saw the deceased a					n death occurred on the date
				ew the body after death.	interit (cont. obiting	occoried on the GGIS
23A. SIGNATURE					23	B. DATE SIGNED
	hummeh P	mas apar	M. D. Atten	ding Med. S	toff hys.	Fibmany, 7, 1971
23C. PHYSICIAM'S NAME (Type)	CHUMSAK P	RUKSAPOR	2:	D. ADDRESS	Seconn Har	
24A. BURIAL CREMA REMOVAL (Spec	TION, 248. DATE	24C.NAME o	GEGREE CEMETERY OF CREA			
Burial	2-11-1971	1	Park Ceme		Ltimore, Mary	
25A. DATE REC'D 17	TI COS S	TAME OF RES		25C. FUNERAL DIRECTOR		1kens Ave. 21229
VS 150-REV. 1/1/6B			7 12 11	1 3 / 2		



	Ma.				BALTIMORE	CITY HEA	LTH DEPARTME	INT		100 / N		
BIE	TH NO.)	71	159	5 CERTIFI	CATE	OF DEA	TH .	REG. NO	71	1595	
	PAME OF DEC						2. D		D HOUR OF DEATH		0.75	
-	PI ACE IN RAI		oh Antl				CITAL PERIORNIC	Feb.	. 8, 1971		2:15	A M.
		IIMORE MA	KILAND, W	MERE PRON	OUNCED DEAD	A. S	ATE B.	COUN	e deceased lived. If i	nstitution:	residence before	admission)
FU	LL NAME OF DSPITAL OR STITUTION	(IF NOT	IN HOSPITA	AL OR INST	TITUTION, GIVE STREET		Md	•		3/4	465	00
III	sniution S Public					110.0	iyortown lv er Spr:	ino	g. IN	SIDE CITY I	_	1
ľ			OO Wyma			11	REET AND NUM	_		YES	NO [
L	XX	710)() III) III	1 001			808	Winha	all Way			
5.	SEX	6. RACE		7. MARRIE	D NEVER MARRIED	'	TE OF BIRTH	19	ast birthday)	II Und	er 1 Yr. If Un Doys Hours	der 24 His.
_	M	W		WIDOWE			/14/18			TVIO III III	Doys Hours	141114
don	e during most of v	rorking lile, eve	kind of work in if retired)	10B, KIND	OF BUSINESS OR INDU	ISTRY 11. B	RTHPLA CE (Stote	or foreig	gn country)	12. CIT	ZEN OF WHAT	COUNTRY?
	Retire	d	I	pirect	or of Securi	ty	NY				USA	
13.	FATHER'S NAM					14. A	OTHER'S MAID	EN NAN	A E			
			ony Ma				Irma 1	Divi	to			
15. (Ye	Wos Deceased s, no or unknown)	Ever in U.S. Uf yes, give	Armed Ford wor or dote:	es? of service	1 6. SOCIAL SECURITY NO.		FORMANT				ADDRESS	
	Yes	USN	1941-		089-14-0)511 I	lecords_	US PI	HS Hospital	, Bal	to, Md.	
Г	18.	XI			CAUSE OF D	EATH	1	1.4	0 411		APPROXIMATE	
		E OR COND		ECTLY	Astr	ocylo	ma, Th	qhl	frontal 1	obe	1	ALL DEATH
	(This does no	I mean the	mode of	dying, e.	(A) IMMEDIATE	E CAUSE	SEQUENCE OF:	7			/ <u>y</u> r	
	heart failure,	osthenia, etc.	. Il means	the diseos	e, DUL 10, 0	K AS A CON	SEQUENCE OF:					
		NTECEDENT										
	DISEASES O	R CONDITION	ONS, if c	ny, givin	(B)	R AS A CO	NSEQUENCE OF:		***********************			
	rise to the UNDERLYING	obove co	ouse (A)		ie .							
	ONDEREIMO	CONDITION	IV IUSI.		(c)							
NO	OTHER SIGNIFI	CANT CONDI	TIONS CON	ITRIBUTING	3							
ATI	TO THE DEATH DISEASE OR CO	NDITION GIV	EN IN PART	1 (A).								
CERTIFICATION	19A-DATE OF	OPERATION	WAS PERF	ORMED	WHICH OPERATION	20	A-AUTOPSY? (Yes		20B. IF YES, WERE	FINDINGS USES OF	CONSIDERED	
CER	21A. ACCIDEN	T WAS UND	FRI YING	12.	B. PLACE OF INJURY	a a in as ab			yes			
	OR CONTRIBU	RING CAU	SE OF -	[he	ome, farm, factory, street	et, office bi	g. INJURY OCC	U 827	fit in politimo	re City, giv	e exact location	
MEDICAL	21D. TIME	(Month) (Do			E INJURY OCCURRED		21F. HOW D	15. 151111	INV OCCUPA			
ME	OF INJURY (APPROX.)		,	3	/hile At 🔲 Not	While -	ZIII. NOW D	10 11130	INT OCCUR!			
						Work			777	H-1		PH T
	that (I) (we)				the deceased fram Feb. 8	Jan	14 19 <u>71</u> ,	19	, , , , , , , , , , , , , , , , , , , ,	Feb. 8		9_71_
								and tho	t in(my) (our) apl	nion dea	th occurred o	n the date
	23A. SIGNATUI		uses state	ed obove.	(Ne) (did) (did/n	by) view ti	e body ofter d	eoth.		228 DAT	E SIGNED	
	homin	1 121	m d	111	19	Attending	Med.		hoff XX		/8/71	
	23C. PHYSICIAN	rs	via	11/1/2	DEGREE	Phys.	Director	L_J P	hys. La	~/	0/ / 1	
	23C.PHYSICIAN NAME (Ty Samu	el P. W	ard, S	urgeo	n (R)					723,200		
24A	BURIAL CREA	ATION, 1248	DATE			GREE CREMATO	RY I	ospi	tal, Balto	Md.	or county)	(Stote)
r	emov/bur)/12 Fe		S. Peter's &				zerne Co.,	•		
	DATE REC'D	. 1	/		OF REGISTRAR			ECTOR.			ADDRESS	
	FEB 17	ASSESSED A	e Bealt		42 C	TOF	llrich F	pall	9. Md. For	Heret	ey Belt:	Gleim
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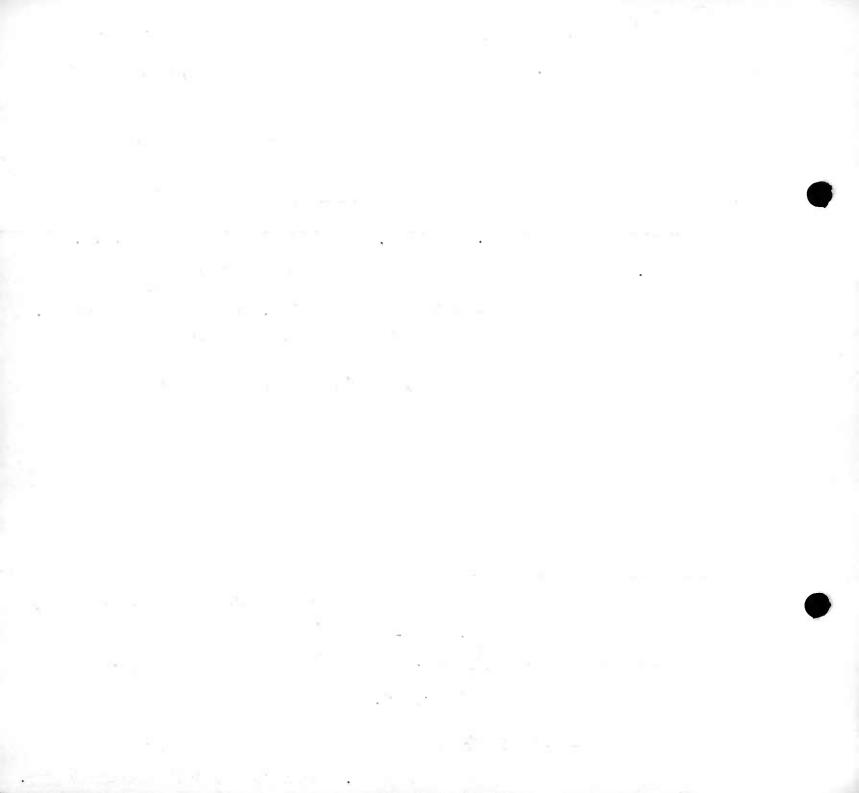


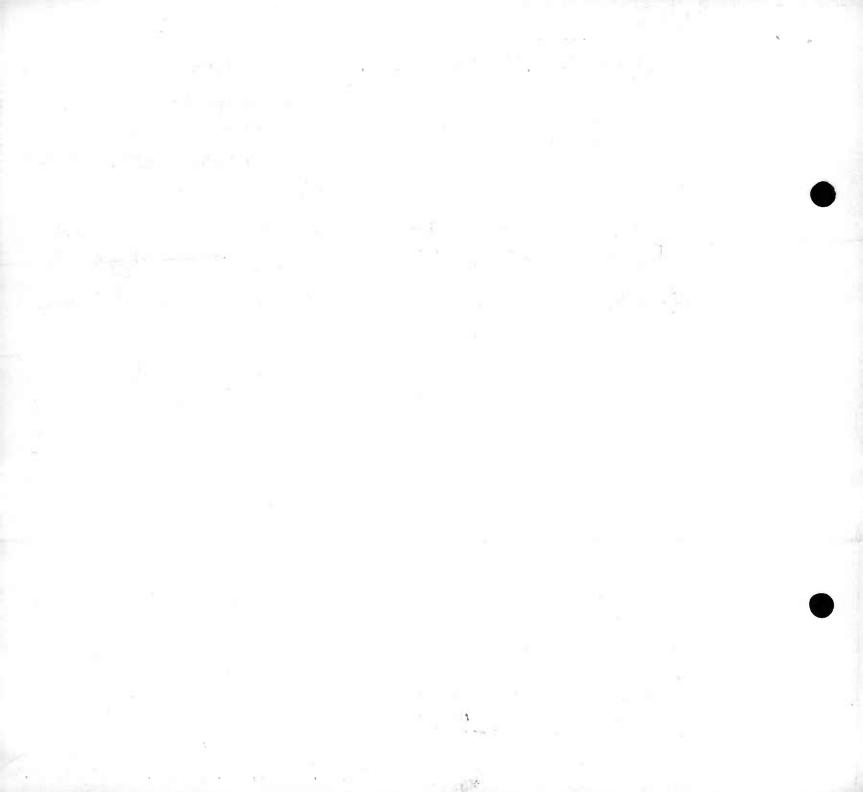
VS 151-REV. 1/1/68

Truman Schwab 3512 Frederick Ave.

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					person.		

	7-570		BALTIMORE CITY	HEALTH DEPARTMENT		pring g	
E	FIRTH NO. 71	1597	CERTIFICA	TE OF DEATH	REG. NO	/1	1597
	. NAME OF DECEASED Type or Print)			2. DATE A	ND HOUR OF DEAT	н	
-	Archibald T. B. PLACE IN BALTIMORE, MARYLAND, W	Owen	D DEAD	4. USUAL RESIDENCE (Wh	ruary 8,1	971	M.
- 11				A. STATE B. COU	NTY	institution: resid	dence before admission)
	TULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCAL ADDRESS O	AL OR INSTITUTION	I. GIVE STREET	Maryland c. city of town	D. IN	ISIDE CITY LIMI) 0 L
	60			Baltimore E. STREET AND NUMBER		YE Sy	ио 🗌
	2825 Georgetown R	Road		2825 George	town Dood	No. 3	
5	SEX 6. RACE	7. MARRIED N	EVER MARRIED	ADATE OF BIRTH	9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.
	Male White	WIDOWED	DIVORCED	6-8-1892	70	Months	oys Hours Min.
d	OA. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	10B, KIND OF BUSI	NESS OR INDUSTRY	1. BIRTHPLACE (Stote or los	eign country)	12. CITIZEN	OF WHAT COUNTRY?
1;	Foreman B. FATHER'S NAME	Balto Er		Maryland 4. MOTHER'S MAIDEN NA	ME	U	S.A.
	John T.						
11,5	. Wos Deceosed Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or dote:	ces? 16.5	OCIAL	Nettie Be	adsley		DDRESS
11,.		1	ECURITY NO.			2823	
	No 18. 24 (4) (2) X 1	214-01	CAUSE OF DEATH	Margaret W.	Noratel (town Rd.
	DISEASE OF CONDITION DIR	ECTLY	Co	2 pulm	male		WEEN ONSET AND DEATH
	(This does not mean the made of	dying, e.g.,	(A) IMMEDIATE CAUS	E CONSEQUENCE OF:			
	heart failure, asthenia, etc. It means injury or camplication which caused	the disease	DUE 10, OR AS A				
	ANTECEDENT CAUSES		Chron		ysem		
	DISEASES OR CONDITIONS, if	iny, giving	DUE TO, OR AS A	CONSEQUENCE OF:	***************************************		**************
	underlying condition last.	stating the	(c)				
1.				3333			
ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE	E TERMINAL					
I V	19A-DATE OF OPERATION 19B. CONE	1 (A).	OPERATION	20A. AUTOPSY? (Yes or No	J 208 15 455 34755	Philade	11010 0000
CERTIFIC	WAS PERFO	DRMED	· - I ENTITED I		IN CERTIFYING CA	AUSES OF DEA	TH?
11	On contract of the	21 B. PLAC	E OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimo	re City, give ex	ract location)
ICAL	DEATH (notify medical examiner)	elc.)					
MEDI	21D. TIME (Month) (Doy) (Year) OF INJURY		RY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
	TAPPROXI	While At Work	At Wark				
	22. I certify that (1) (this hospital)		ceased fram	ung:	19 70 to Q	an	16, 1971
	that (1) (we) last saw the deceased	//	m 16,	19and th	at In(my) (aur) ap	Inian death a	iccurred on the date
	and haur and from the causes state	ed abave. (1) (We)) (did) (did noi) vie	w the bady after death.			
	23A. SIGNATURE	in Sak	.4.0. Attend	ing Med.	Shall [7]	23B. DATE SI	GNED 1071
	23 C. PHYSICIAN'S	- 001	DEGREE Phys.	Director L	Phys.	d-	1-1711
	NAME (Type) NURED	DINE	PRK, M.D.	2436 Wash	nighon A	u. Ba	et . Md.
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME o	CEMETERY OF CREM	ATORY 24D. Le	OCATION (C	ity, town, or co	unty) (Stote)
25	Burial 2-11-		odlawn Cer	netery Wo	odlawn Ma	rvland	
123	EFR 17 1071 Cons	258 NAME OF LEG	TRAR	. 100			
1	150 PSV 1/1/49	3 - 51		G Truman Sc	hwab 3512	Frede	rick Ave.





a hospital and

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, such as in regular attendance on the deceased prior to death. Such

	1	2	BALTIMORE CITY	HEALTH DEPARTMENT		And the second s
		0-652 71 1599 H NO.	CERTIFICA	TE OF DEATH		71 1539
		AME OF DECEASED BURNS	MARGAR	ET FEBRU		197(110:40 A.M.
- 1	3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If i	institution; residence before admission)
ı	HO:	L NAME OF (IF NOT IN HOSPITAL OR IN: SPITAL OR ADDRESS OR LOCATION) TITUTION	STITUTION, GIVE STREET	C, CITY OR TOWN		SIDE CITY LIMITS?
- 1				Balto.		YES NO
1) /	0,4001 201 11	/\	E. STREET AND NUMBER	1.7	
: 1		04004 Woodle			oodlea	124e - 2/206
3	5, \$1	EX 6. RACE 7. MARRI	ED NEVER MARRIED	& DATE OF BIRTH	ost birthdoy	Months: Days Hours Min.
		/ WIDOW		10-3-1900	70	
- 1		USUAL OCCUPATION (Give kind of work 108, KIND during, most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore)	in country)	12. CITIZEN OF WHAT COUNTRY?
		House Keeper St.J	Ohn's- Westminste		Md.	4.S.A.
2	13. F	ATHER'S NAME	D	14. MOTHER'S MAIDEN NAM	4.4	1
2		Ed-Nard 1	SURNS	Anna	- Mur	phy
2	15, W	Ves Decoused Ever in U. S. Armed Forces? ,no or unknown) liff yes, give war or dates of service	SECURITY NO.	17. INFORMANT		ADDRESS
		N o	219-30-9407	Charlotte 1	3=11-5	716 KeYAYe.
		18,] []	CAUSE OF DEAT			A PRODUCTION ATE INTERMAL
		DISEASE OR CONDITION DIRECTLY	PROBABL	E ACUTE	MYOCARD	BETWEEN ONSET AND DEATH
		LEADING TO DEATH	(ANIMMEDIATE CAU	. 4/ 500 19	RCHION	
		IThis does not mean the mode of dying, a hoart failure, asthenia, etc. It means the disec- injury or complication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:		
		ANTECEDENT CAUSES	CORON	ARY ARTERY	o cc Lu	S10N
		DISEASES OR CONDITIONS, If any, giv	(B)	A CONSEQUENCE OF:		
3		rise to the above cause (A) stating UNDERLYING CONDITION fast.	the (c) A 1HER	losilerodic	HEAR-T	DISEASE
5		11				
	O.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMIN				
	A	DISEASE OR CONDITION GIVEN IN PART 1 (A).		130A Astronomy /Von at No.	OOD IS WES WISSE	ENDING: CONCIDENT
	CERTIFICATION	19A DATE OF OPERATION 19B CONDITION FO WAS PERFORMED	NONE	20A-AUTOPSY2 (Yes of No.	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
Detore	CAL		218. PLACE OF INJURY le.g., i home, fam, factory, street, of etc.)	n at about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If In Baltima	ore City, give exact lacotion)
B	ō	21D. TIME IMonth) (Doy) (Year) (Houd) OF INJURY	21 E INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
00000	8	IAPPROX.)	While At Work Not While Work	• 🗆		
0 1		22. I certify that (1) (this hospital) attende			9 6 9 to	JANUARY 1971
0	- 1	that (I) (we) last sow the deceased alive a	4	hen .		olinion death occurred on the date
must be		and hour and from the causes stated above	o. (1) (We) (did) (did not) v	lew the body after death.		
2		23A. SIGNATURE	0			23B, DATE SIGNED
=		Joseph Notaran	OPE DEGREE Phy	Med. Director	Staff Phys.	FEB-11-1971
>		28 G. PHYSICIAN'S	,	23D. ADDRESS		
5		JOSEPH NOTAG	ANGELOM.D	MERCY	HOSP	ITAL
approval	24A	BURIAL CREMATION 1248, DATE 1246	C.NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (C	City, town, or county) (State)
		By pia 1 2-13-11	New Cathe	dral	13a/to.	1711.
written	25 A	DATE REC'D BY HEALTH PATT	OF RIGHTAR	25C. FUNERAL DIRECTOR		ADDRESS
\$		LEB IN JAN AGGETA En Jan	000	JOHR CO. H	iller 1	nc 64/5 Belair
	VS	150-REV. 1/1/68				

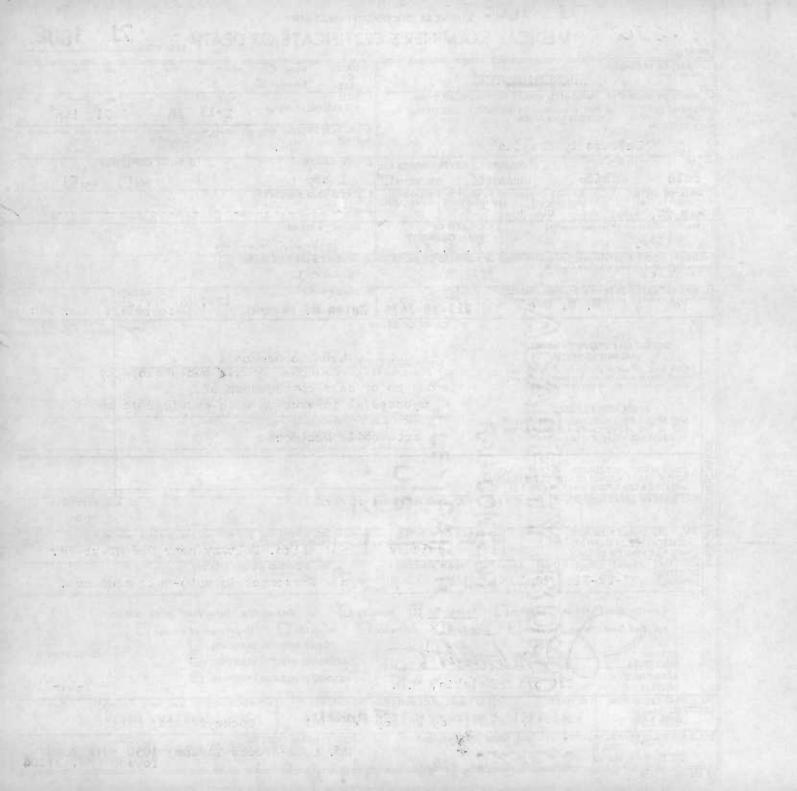






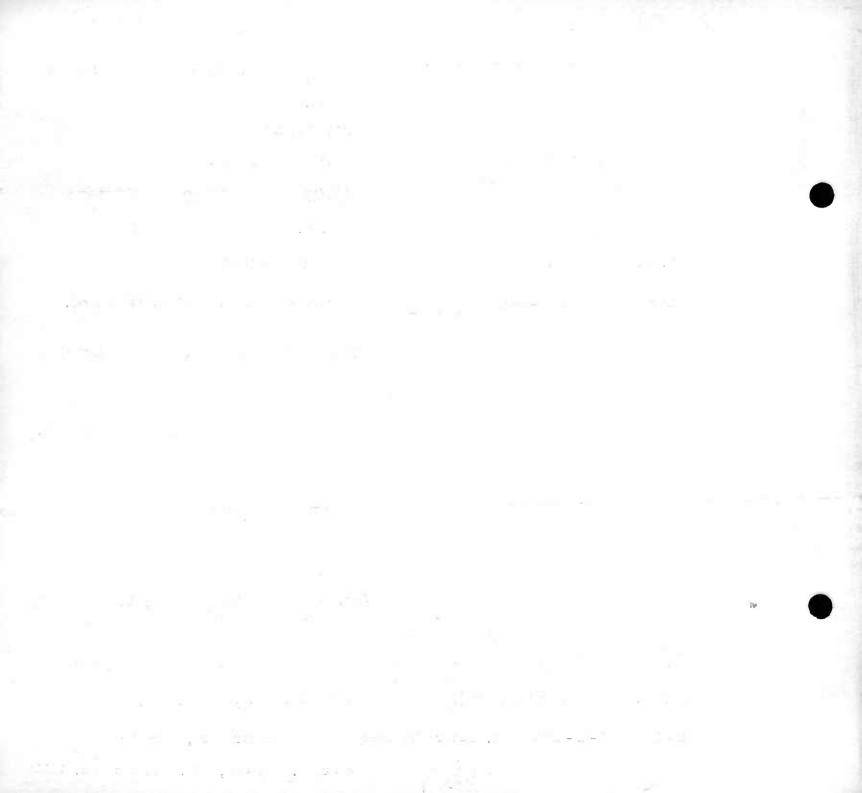
71 1602 BALTIMORE CITY HEALTH DEPART

BIR	M-65	0	MED	ICAL		EALTIMORE C				OF	DEAT	H REG. NO	71	160	32
1. 1	NAME OF DEC	EASED	JOSEP	H MAF	RINO			2. DATE OF DEATH	Known		Month	Day	Yeor	Hour	
FUL	PLACE IN BAL L NAME OF SPITAL INSTITUTION	(IF NO		LORINS		UNCED DEAD N, GIVE STREET		3. DATE PRONOU	NCED DEA	AD	Month 2-13	AF AF	Yeor 197		
	- M	Jnivers	ity Ho	spita	11			5. USUAL RE A. STATE	Md.		deceased liv	ed. If Institut B. COUNTY	ion: residence	before odm	ission)
6. 5	male	7. RACE whit	6	B. MARR WIDOV		NEVER MARRI		C. CITY OR Lus				D. INSIDE	CITY LIMITS?		
-	ATE OF BIRT		10. AGE (In lost birthday	years	If Und	DIVORC der f Yr. II Under s Days Hours	24 Hrs.	E. STREET A	-	BER			YES L	NO [M	
	ay 29, BIRTHPLACE(S Ital		n country)	79		TIZEN OF HAT COUNTRY?	?	13. FATHER'S	NAME						
4A.		PATION (Give	ekind of work I en if reiired)	4B. KIND	U	I. S. A.		15. MOTHER	sario 'S MAIDEN			?			
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES of services	2	17. SOCIAL SECURITY N 213-38-2		18. INFORM	ANT	rino	1307		ADDRESS nerson rville	Court	21093
SATION	(This does in heart failure, injury or con DISEASES (CRISE TO THE UNDERLYIN)	E OR CONDILEADING TO OT mean the asthenia, etc. aplication which will be conditionally above CAI G CONDITION CONDITI	DEATH mode of dylin. It means the the coused deol CAUSES DNS, IF ANY, JSE (A) STATI ON LAST.	GIVING	ING	due (B) my(to to ocar	AUSE brows a consequence or as a dial in: AS A CONSEQUENCE OBILE AC	CONSE CONSE farcti UENCE OF:	and quer on w	nce of	Lat			
MEDICAL C	DISEASE OR 20A. DATE OF 22A. EXTERI UNDERLYING UTING CA	NAL CAUSE OR CONT USE OF DEA	WAS TRIB- TH. GYYON GYEON TH. GYYON GYEON GYE	RT 1 (A)-	22B. PL home,	ACE OF INJURY OCCU	Y (e.g.,	in or about 22 bldg., eic.) IN	c. where JURY OCC Balto F. HOW DI	Be INII	1tway	near (rt Rd.	00
	I certi	R'S	owral caus	me	Ace	Inspection X sident 3 Make 1 Lakis, M.	Suicid M.D.	ASSIST	and that nicide HIEF MEDI TANT MEDI	CAL EX	ndetermin AMINER AMINER	death In m ned manner	-	DATE SIG 2-14-	
24A REN	BURIAL CREA OVAL (Specifi BURIA	AATION, 2	4B. DATE 2-16-1	971		NAME of CEM					ockeys		wn, or county) (Sto	
	DATE REC'D FR 1 51-REV. 1/1/68	BY HEALTH C			1	F REGISTRAR	-}	25C. FL	NERAL DI	RECTO	R	som, 1	ADDRESS 050 Yo	rk Roa	d 120 4



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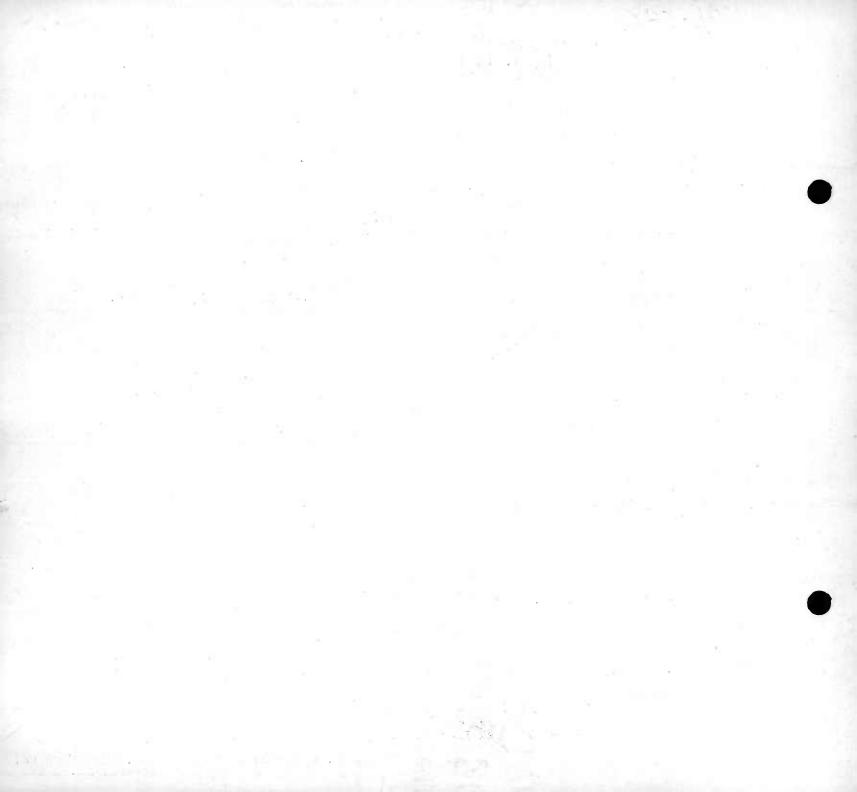
į.	R-674	BALTIMORE CITY	HEALTH DEPARTMENT		Paris d
	irth No. 71 160	5 CERTIFICA	TE OF DEATH	REG. NO	1605
	NAME OF DECEASED		2. DATE AND H	OUR OF DEATH	
	PLACE IN BANDMORE, MARYLAND, WHERE PR	RU M.	A USUAL RESIDENCE (When the	7/	18.45 P.M.
-16	V	V	4. USUAL RESIDENCE (Where de		4
- 11-1	ULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	ISTITUTION, GIVE STREET	Maryland A	nne Arunde	200
. IE			Linthicum	1	CITY LIMITS?
7	LUTHERAN HOSPITI	41 OF MD	E. STREET AND NUMBER		
11.			100 N. LONGER		
	MARK	ED NEVER MARRIED	Vost	birthdoy) A	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1	EMALE WIDON A. USUAL OCCUPATION (Give kind of work 108, KIN)	OF BUSINESS OR INDUSTRY	1-25-1893 78	3 XXXXXX	
d	one during most of working life, even if refired)		AA A A A	donny)	12. CITIZEN OF WHAT COUNTRY?
1;	FATHER'S NAME		14. MOTHER'S MATTERN NAME	2	U.S.A
	Harry Calvert			- Caralan	Lione
15	. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	Carolyn	Watts
,,	es, no or unknown) (If yes, give wor or dotes of servi	ce) SECURITY NO.	Mrs. Mary Kirby,	100 N. Lon	
-	18. 19 5. 9	CAUSE OF DEATI			APPROXIMATE INTERVAL
П	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE SECONDARIES A CONSEQUENCE OF:	MAUGN:	ANT
	heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)	ase, DUE TO, OR AS	COMA THIGH		
	ANTECEDENT CAUSES	3,,,,	-4, 41		
	DISEASES OR CONDITIONS, if any, giv	ring DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	rise to the above cause (A) sloting UNDERLYING CONDITION last.	(C)			
	11	(
CIL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN	1G			
1	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	120 A 4170 ages (V B) 1 200		
CERTIE	WAS PERFORMED	DK WHICH OPERATION	20A. AUTOPST? (Yes or No) 201	CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
II -	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(II In Baltimore C	ity, give exoct location)
1	DEATH (notify medical examine)	home, form, foctory, street, affect.)	ice bidg., INJURT OCCUR?		
E	21D. TIME (Month) (Doy) (Yearl (Hour) OF INJURT	21 E INJURT OCCURRED	21F. HOW DED INJURY	O C C U R?	
2	(APPROX)	While At Work Not While At Work			1
	22. I certify that (I) (this hospital) attende	d the deceased from	1 1/22/ 197/	to_2/	11 1971
	that (I) (we) last saw the deceased alive (ın2 <i>[11</i>	1 1 - 1	7	n death occurred on the date
	and hour and from the causes stated above	. (I) (We) (did) (did-not) v			
	23A, SIGNATURE	14.0		1 -	B. DATE SIGNED
		DEGREE Phys.			411/11
	23C. PHTSICIAN'S NAME (Type)	2	3D. ADDRESS HOS	ine a	1406
24		DEGREE	/	our of	larguing.
	REMOVAL (Specify)				own, or county) (State)
25	7 9 4 6	Loudon Park Ceme	etery Baltin	more, Maryl	
ji l	EB 17 1979 Valle & E. Valle	May 1		rd /107 U	ADDRESS
· ·	150-REV. 1/1/68		Hence to un uniba	Lu, 410/ WI	ilkens Ave. 21229

X CALEGORIST A P. EQUAL SEC. A the applied the programs WELL HURSHISH 1-12 1 125/11/11/2 4 1 historia Hoppins of which 5 Barse to the state of the state of the delication of the Transaction of the state of the

IMPORTANT

FUNERAL DIRECTOR:

1 -n(1)	BALTIMORE CITY	HEALTH DEPARTMENT		mid 4 . 000
1-520	CERTIFICA	TE OF DEATH	REG. NO	71 1606
BIRTH NO. 71 16	Jo CERTIFICA			
1. NAME OF DECEASED Henry (Type or Print) PAUL ##	LINK	2. DATE AN	HOUR OF DEATH	12.120 Am
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	deceosed lived. If in	stitution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	BALTI	MORE DITY 903
INSTITUTION	0001741	BALTIMORE	0. 1143	YES XX NO
THE JOHNS HOPKINS H	USPITAL	E. STREET AND NUMBER		IES ELY NO
3.3		743 E. 37TH		
5. SEX 6. RACE 7. MARRI	ED NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
MALE WHITE WIDOW	EDXX DIVORCED	2-20-05	65	
toA. USUAL OCCUPATION (Give kind of work 10 B, KIND done during most of working life, even if retired)		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Cement Mason Cem	Const. ent mason, ∄∉#∉	Maryland		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
HENRY LINK		VIOLA EY	LER GREEN	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, na or unknown) (If yes, give war or dotes of service)	 218-09-5 0 94	Paul H. Link,	223 Lyndal	e Ave. 21236
18. 14 d N 1)	CAUSE OF DEATI	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			5.	
LEADING TO DEATH	(A) IMMEDIATE CAU	DE PULMONAR	-7 CVMBOLU	S Somin.
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disea	DUE TO, OR AS	A CONSEQUENCE OF:	. (
injury ar camplication which caused death.)	Prostat	ic VEIN Philel	nitis and	
ANTECEDENT CAUSES	(m) (mno	bilita 20 to	Surgery	for 15 days
DISEASES OR CONDITIONS, if any, giv	(D)	A CONSEQUENCE OF:	7 7	
rise to the above cause (A) stating	the EDPUC	ly man & of the	Spind Cor	cl 6-9 months
UNDERLYING CONDITION last.	(c)	ACT VICENTE OF TOX		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL 1			
9 19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
	MOMA	YES	IN CERTIFING CA	OSES OF BEATH:
214. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, at	n or obout 21C. WHERE DID	(If in Baltima)	re City, give exact lacation)
▼ DEATH (notify medical examiner)	etc.)	nce blags, mysoki occok.		
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S 101 11130K1	While At Not Whil			
(APPROX.)	Work At Work			0
22. I certify that (I) (this haspital) ottende	d the deceased from	Mu. 35	19 7 to te	12 19 41.
that (I)(we) lost saw the deceased alive a	on Feb 11, 1	19 7 / ond th	ot in (my) (our) opi	nian death occurred an the dote
and hour and from the causes stoted above	(1) (Wa) (did) (did not) v	iew the body after deoth.		
23A.,SIGNATURE		•		23B, DATE SIGNED
I Donale E Llan		nding Med.	Staff V	2/11/71
23C. PHYSICIAN'S	Ley DEGREE Phy	s. Director	Phys.	
NAME (Type)	C. MAN	Tallala da	15-010 11	
Dongryz M. Has	LGY MI) DEGREE	& OHNS HOP	KTW7 A	USFITHL
24A. BURIAL CREMATION, 24B. DATE 24C REMOVAL (Specify)	NAME of CEMETERY of CRI	EMATORY 24D. L	OCATION (C	ity, town, or county) (State)
	ak Lawn Cemetery	y Ba	ltimore, Ma	ryland
	LE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
FER 17 2079 Robert Fre	Sa ME DO	Wm. Wook-Broo	ks Towson,	Inc., 1050 York Rd.
	C Part of the Control			Towson, Md. 21204



IMPORTANT

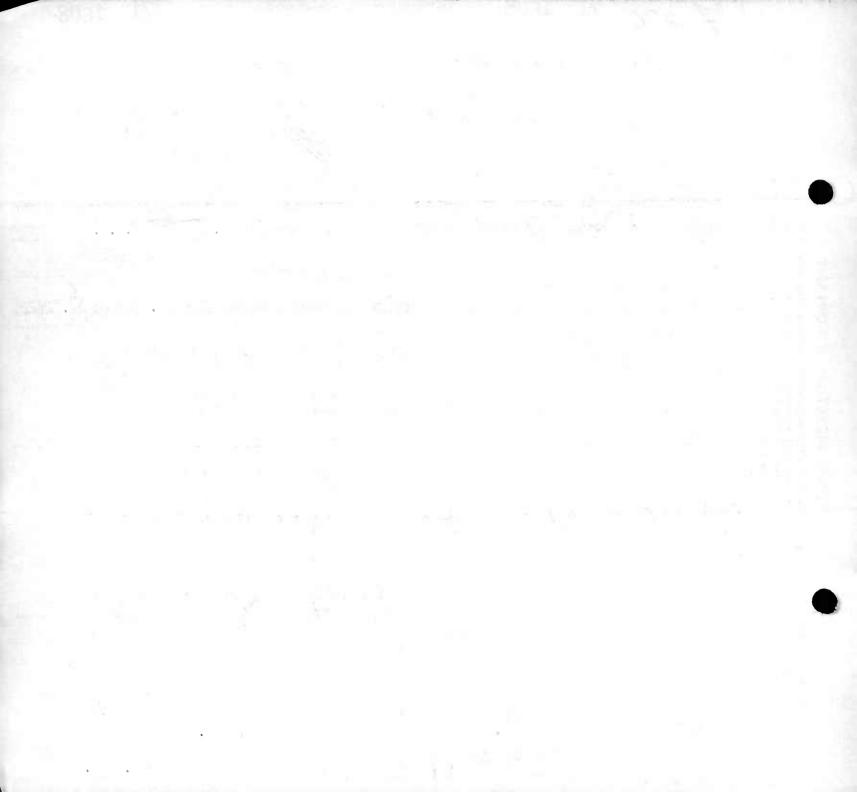
DIRECTOR:

FUNERAL

IMPORTANT

FUNERAL DIRECTOR:

71 1608	BALTIMORE CITY	HEALTH DEPARTMENT		71 1608
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	- 1000
I. NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	
TICKES GEORGE CI	144	9-13		м.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	A. STATE B. COUN	re deceased lived. If i	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		Maryland		2544
INSTITUTION South Saltamore	E SEXULL	C. CITY OR TOWN,	D. INS	IDE CITY LIMITS?
		E. STREET AND NUMBER		YES 🔀 NO 🗌
43		3724 St N	Telos St.	
5. SEX 6. RACE 7. MARRIED X	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
Paule white WIDOWED	DIVORCED	7-22-93	77	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU		11. BIRTHPLACE (State or lore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Cexuc Mechanic Chemical	Plant	Imler, Pennsylv	rania.	U.S.A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME	
Benjamin		March On	ler	
15. Was Deceased Ever in U. S. Armed Forces? (Yes,ne or unknown) (If yes, give war ar dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
11 1	14 05 3688 A	Eleanor Fic	ken 3724 S	t. Victor St. 21225
18. 410, 41	CAUSE OF DEATH		7727 3	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		7		
This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE In hacka ble consequence of:	Congestine	/key
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)				
ANTECEDENT CAUSES	Sules.	Sux My 1.2 0 Ex Cl	ial Intere	hm
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	sur my ear cl		**************************************
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) A5	CVP		
11	(0/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Rneun	umh's migh	I Suma	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			,	
19A.DATE OF OPERATION 19B. CONDITION FOR WHITE	CH OPERATION	20A. AUTOPSY? (Yes or Ne	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
1) (3 2) A. A. C. CIDENT WAS INDEED VINC. [7] 218 BLA	CE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimor	e City, give exact location
OR CONTRIBUTING CAUSE OF home, for DEATH (nofity medical examiner)	orm, foctory, street, off	ice bldg., INJURY OCCUR?		W (W VII)
O IN (Lev (Month) (Doy) (Year) (Hour) 21E INJ	IURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.) While A	Not While			
22. I certify that (I) (this hospital) attended the d	AT WORK		10 II in feel	mary 13 19 71
that (I) (we) last saw the deceased alive an		0		nian death accurred an the date
and haur and from the causes stated above. (1) (W	V	•	(my), (asi) oht	acom accorred du tue date
23A. SIGNATURE		and and adding		238, DATE SIGNED
Vinegina f. Isuneado	M.D DEGREE Phys.	ding Med.	Staff Phys.	2-13-71
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS		, , , , ,
	, M . D .	South Ballin	are Hene a	al Heyntals
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY of CRE	MATORY 24D. LC	CATION (C	ty, town, or county) (State)
Burial 2/1//1 Dt. Ma	rks (emetery	i Kin	g, Pa.	
THE BAR ALCO AT HEALTH PEPA CO. TE ALME TO	EGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
FR # 1 18/1	3 600	Mc (why hunge	raj Home L	Balto. Md. 21225
VS 150-REV. 1/1/68				



IMPORTANT

FUNERAL

Letter from Judith Munsterman, RRL of USPHS Hospital re correct date and hour of death. (Feb.12,1971 at 11:15 PM)

FUNERAL DIRECTOR: IMPORTANT

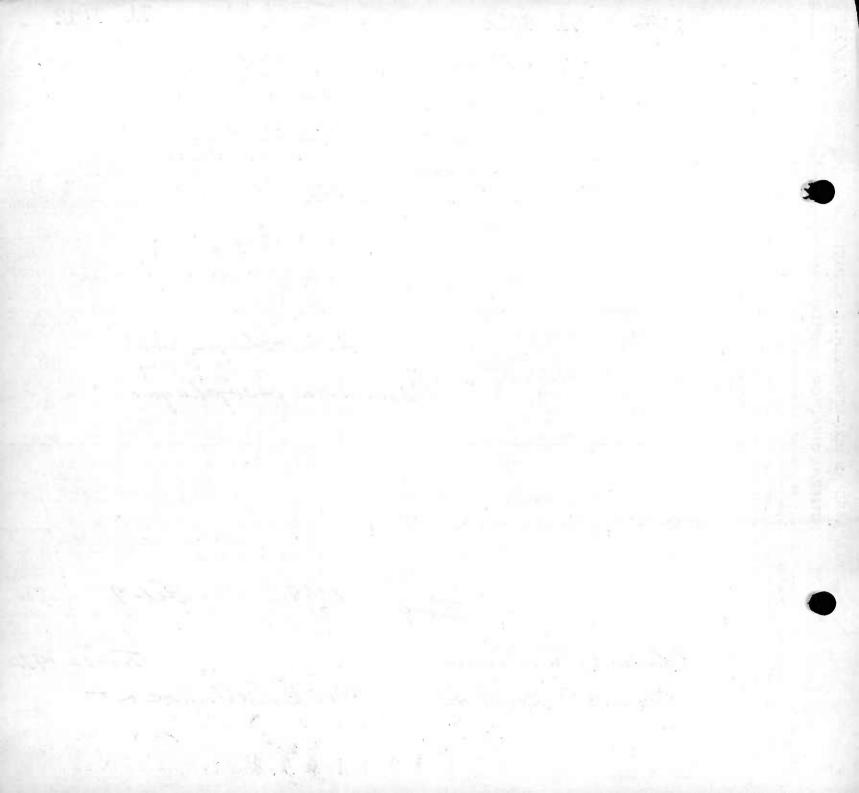
BALTIMORE QITY BEALTH DEPARTMENT	74 4040
BIRTH NO.	REG. NO. 71 1610
1. NAME OF DECEASED WILLIAM F. CLOSEK (Type of Print) William F. CLOSEK 2. DATE AND HOUSE Feb. 12.	R OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decease)	sed lived. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) WINDERSTY MARYLAND HOSPITAL BATTIMORE	D. INSIDE CITY LIMITS?
E. STREET AND NUMBER 800 S. KENN	
5 CEV / DAGE	
MARRIED NEVER MARRIED 8. DATE OF SIATH 9. AGE (lost birth 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign counts)	40
done during most of working life, even if leftred)	12. CITIZEN OF WHAT COUNTRY
SELF EMPLOYED TAVERN MARYLAND	USA
13. FATHER'S NAME	
WILLIAM J. CLOSEK. 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT WITE	CIESLAK
Ites, no of unknown all the yes, give wor or dotes of service) SECURITY NO.	800 S. Kenwood Ave.
Yes Korean Conflict 216-24-8739 Mrs/ Barbara Ciosek	Balto. Md. 21205
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does got more the made of this age (A) IMMEDIATE CAUSE CARDIAC ARA	eest
heart failure, osthenia, etc. It means the disease. DUE TO, OR AS A CONSEQUENCE OF:	
injury ar complication which caused death.)	
ANTECEDENT CAUSES EXTENSIVE MYDEARDIA	INFRECTION 7 DAYS.
DISEASES OR CONDITIONS, if any, giving (B) EXTENSIVE MYDEARDIA	101401
INDER IN CONSTRUCTION	
CHOERETING CONDITION lost. (C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFOR	
O DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1996 CONDITION FOR WHICH OPERATION 1204 AUTOPSY? (Yes of No.) 208. IF	Vec West stands of
Feb. 12/71 WAS PERFORMED ABOTE MITRAL INSUFFICIENCY YOS IN CER	YES, WERE FINDINGS CONSIDERED TIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJ	(If in Boltimore City, give exact location)
210-TIME (Month) (Doy) (Year) (Haus) 21E INJURY OCCURRED 21F. HOW DID INJURY OCC	UR?
(APPROX.) While At Not While At Work	
	10 Feb-12 19 7/
that (1) (we) last sow the deceased alive on Feb 12 19 71 and that in (my) (aur) apinian death accurred on the date
and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.	
23A. SIGNATURE Starth Start M. D. Attending T. Mad. T. Shift For	23 B. DATE SIGNED
Phys. Director Phys.	Feb. 12/71
23C2 HYSI CIAM'S NAME (Type)	
J.M. BLACKFORD M.D. VAIV. MARYLAND	HOSP.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION	(City, town, or county) (State)
	timore, Maryland
25A. DATE SECIO SY HEALTH DEST. INC. SALES OF PROPERTY OF THE	ADDRESS
	ADDRESS - COLOR
FED 1 INT Was F. Sept. 2010 1 Declar J. Dudai 2829/1	Hudson St. Balto. Md. 2122

Mars Care . 1/22/28 - 42 -SHE BOYESTED TRUBBLE MALVELAND SOM SHALAN T. CHOTEL MARY AND COLOR 800

M.324	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	71 1611
N.	1. NAME OF DECEASED 2. DATE Known Month Doy OF DEATH Estimoted	Year Hour M.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 13. DATE PRONOUNCED DEAD Month Doy February 11, 1	
	OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: r A. STATE B. COUNTY Mary land	esidence before odmission)
	6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY	
	Female White WIDOWED DIVORCED Baltimore YES 9. DATE OF BIRTH 10. AGE (In years lost birthday)	М по Ц
	11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF 13. FATHER'S NAME	
	Balto Md WHAT COUNTRY? Joseph Machilles 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 13. MOTHER'S MAIDEN NAME	
	Tailor - Returned Tailorina Ursula Paplauskas	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 10. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 217-01-3272 Andrew Machulis, 11 Winona Avenu	ress ue.Balto. 21222
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE	APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH
	(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE OF THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE OF THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE OF THE DEATH BUT NOT THE TERMINAL THE DEATH OF THE TERMINAL THE TER	
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 2	1. AUTOPSY? (Yes or No) No
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact I home, form, foctory, street, office bldg., etc.) INJURY OCCUR?	ocation)
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) MHILE AT WORK MOT WHILE AT WORK	
	23. Certify that held on Inquiry Inspection Autopsy ond that on this basis, death in my op	inion
	ACTUAL SIGNATURE ACTUAL SIGNATURE ACCIDENT Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	Takine (type)	ary 11, 1971
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, o	
	Burial 2/15/71 Gardens of Faith Trump's Mill Road, 25A. DATE REC'D BY HEARTH DEPT. 25B. NAME OF REGISTRAK 25C. FUNERAL DIRECTOR ADD Thomas J. Kenny, Inc. 1600 H.	
	VS 151-REV. 1/1/68	

Transport State Committee Committee Thomas I. Favery Sec. 1990 hattle St. 2125

BIRTI	H NO.		1612	CLKTITICA	ATE OF DEATH		
	AME OF DECI	SCHAFER	, Char	les	2/1	and hour of deat $1/71$	2:18 a.
3. PL	LACE IN BALT	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COU		institution: residence before admis
HOS	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland c.city or town	ID IN	NSIDE CITY LIMITS?
N 21	NOITUTION				Baltimore	D. III	YES NO
3 =	The Jo	ohns Hopkin	s Hosp	ital	E. STREET AND NUMBER 413 N. Ros	e Street	
5. SE	X	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Months: Doys Hours M
M	Male	White	WIDOWED		8/21/02	last birthdoy) 68	Monns Doys Hours
		JPATION (Give kind of work working life, even if retired)	10B, KIND OI	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COU
3. F	ATHER'S NAA	ME]		14. MOTHER'S MAIDEN N.	AME	
5. W Yes,	Vos Deceosed no or unknown)	Ever in U. S. Armed For (If yes, give wor or date	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if		(B) DUE TO, OR A	S A CONSEQUENCE OF:	sopha	gus
ATION	DISEASES On the UNDERLYING OTHER SIGNIFTO THE DEAT	ANTECEDENT CAUSES	ony, giving stating the NTRIBUTING HE TERMINAL		S A CONSEQUENCE OF:		
ATION	DISEASES O rise to the UNDERLYING OTHER SIGNIF TO THE DEAT	ANTECEDENT CAUSES OR CONDITIONS, if or above cause (A) or CONDITION lost. II ICANT CONDITIONS CO H BUT NOT RELATED TO T	ony, giving stating the NTRIBUTING HE TERMINAL IT 1 (A).	(C)			RE FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIF TO THE DEATH DISEASE OR COMPANY OF CONTRIBUTION OF CONTRIBUTION TO THE UNITED STATES OF CONTRIBUTION OF	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION lost, II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON	ony, giving stating the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR FORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or 1	No) 208. IF YES, WER	
DICAL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIF TO THE DEATH DISEASE OR COMPANY OF CONTRIBUTION OF CONTRIBUTION TO THE UNITED STATES OF CONTRIBUTION OF	ANTECEDENT CAUSES OR CONDITIONS, if or above cause (A) G CONDITION lost. II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING JITING CAUSE OF	ony, giving stating the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR FORMED 218 hometr. (Hour) 218	WHICH OPERATION S. PLACE OF INJURY (e.g., ne, form, foctory, street, or ne, foctory, stre	20 A. AUTOPSY? (Yes or INO in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIFTO THE DEATH DISEASE OR COMPANIE OF CONTRIBUTION OF CON	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING ITING CAUSE OF medicol exominer)	ony, giving stating the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR FORMED 218 hometr. (Hour) 218	WHICH OPERATION Department of the property of	20 A. AUTOPSY? (Yes or INO in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIFTO THE DEAT OF THE DEATH (notify 12 D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING ITING CAUSE OF medicol exominer)	ony, giving stating the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR FORMED 218 homets. (Hour) 21E Wh. Wa	WHICH OPERATION S. PLACE OF INJURY (e.g., ne, form, foctory, street, or control of the control	20A. AUTOPSY? (Yes or 1 NO in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OF THE CONTRIBUTION OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING THE CAUSE OF medicol exominer) (Month) (Doy) (Year)	ony, giving stating the NTRIBUTING HE TERMINAL (T 1 (A). IDITION FOR FORMED 21E homete. (Hour) 21E Wh.	WHICH OPERATION Description of the property o	20 A. AUTOPSY? (Yes of 1 NO in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION	OTHER SIGNIF TO THE DEAT DISEASE OR CO 19A. DATE OF OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) G CONDITION lost, II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PER NT WAS UNDERLYING ITING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (I) (this haspital last saw the decease d fram the causes star	ony, giving stating the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR FORMED 21B hon etc. (Hour) 21E Wh.	WHICH OPERATION D. PLACE OF INJURY (e.g., ne, form, foctory, street, or ne) INJURY OCCURRED The Al Work The deceased from	20A. AUTOPSY? (Yes or 1 NO in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	O) 20B. IF YES, WER IN CERTIFYING COUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct location) 197 upinion death accurred on the
MEDICAL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIFTO THE DEATH DISEASE OR COMPANIENT OF CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (I) (we)	ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) G CONDITION lost, II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PER NT WAS UNDERLYING ITING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (I) (this haspital last saw the decease If from the causes state (RE	ony, giving stating the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR FORMED 21B hon etc. (Hour) 21E Wh.	WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, of the file of the control of the deceased from th	20 A. AUTOPSY? (Yes or 1 NO in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID the side of the bidge o	O) 20B. IF YES, WER IN CERTIFYING COUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exoct locotion)
MEDICAL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIF TO THE DEATH DISEASE OR COMPANY OF THE UNDERLY OF THE UN	ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) G CONDITION lost, II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Month) (Day) (Year) that (I) (this haspital last saw the decease d fram the causes stat IRE	ony, giving stating the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR FORMED 21B hon etc. (Hour) 21E Wh.	WHICH OPERATION PLACE OF INJURY (e.g., ne, form, foctory, street, or control of the control of	20 A. AUTOPSY? (Yes or 1 NO in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID the side of the body after death of the body after	20B. IF YES, WER IN CERTIFYING C	nore City, give exoct location) 19 19 19 123B. DATE SIGNED
MEDICAL CERTIFICATION	OTHER SIGNIF TO THE DEAT DISEASE OR CO 19A. DATE OF OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION lost. II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (I) (this haspital last saw the decease of fram the causes state (RE (M'S) (P) (MATION, 24B, DATE	ony, giving stating the NTRIBUTING HE TERMINAL IT (A). IDITION FOR MED (Hour) 21E Whom etc. (Hour) 21E Whom etc. (Hour) 21E Whom etc. (Hour) 21E Whom etc.	WHICH OPERATION S. PLACE OF INJURY (e.g., ne, form, foctory, street, of the deceased from the decease	20A. AUTOPSY? (Yes or 1 NO in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN ite is a second of the property of the bady after death of the bady after death of the bady of the	ODE IF YES, WER IN CERTIFYING COMMITTEE IN CERTIFYING COMMITTEE IN COM	nore City, give exoct location) 19 19 19 123B. DATE SIGNED
MEDICAL CERTIFICATION	DISEASES OF THE SIGNIF TO THE DEAT TO THE	ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) G CONDITION lost. II ICANT CONDITION S CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING ITING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (I) (this haspital last saw the decease of fram the causes star RE INTS INTS INTS INTS INTS INTS INTS INT	ony, giving stating the NTRIBUTING HE TERMINAL IT (A). IDITION FOR FORMED 21E hometic. 21E with the defended the defe	WHICH OPERATION DEPLACE OF INJURY (e.g., ne, form, foctory, street, or ne) INJURY OCCURRED The deceased from The deceased from GEGREE At Work AT WORK	20A. AUTOPSY? (Yes or 1 NO in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN ite is a second of the property of the bady after death of the bady after death of the bady of the	ODE TO STATE	RE FINDINGS CONSIDERED CAUSES OF DEATH? Incre City, give exoct location) 19 / Impinion death accurred on the large for 12, 19



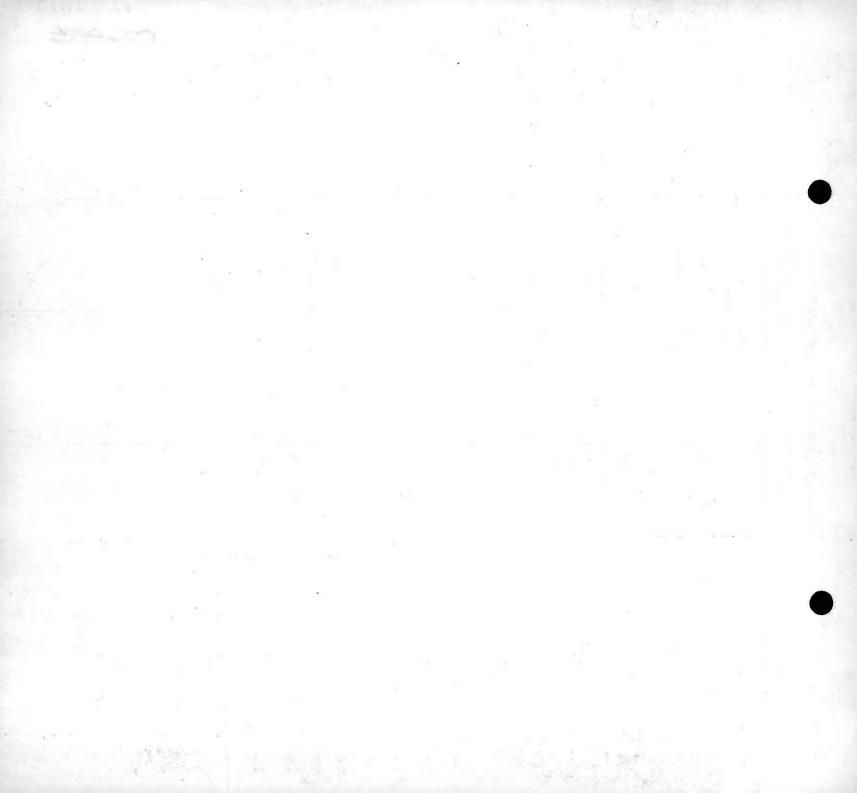
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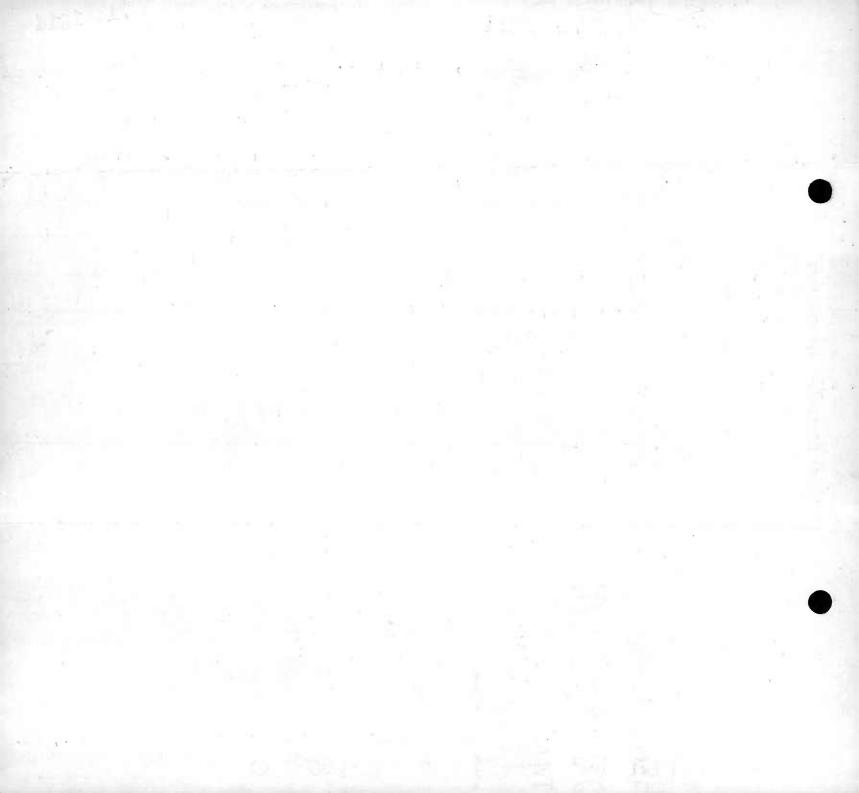
FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



	<	2		BALTIMORE CITY	HEALTH DEPARTM	MENT		71	4-1-4
	BIRT	H NO. 71-02/971	1614	CERTIFICA	TE OF DEA	TH	REG. NO.	1.1	1614
		AME OF DECEASED	Soon	2. MICHAEL	W.	PATE AND HO	OUR OF DEATH	und s	м.
	3. P	LACE IN BALTIMORE, MARYLAND	, WHERE PRONO	UN CED DEAD	A. STATE ARY	BACOUNTY	eosed fived. If in	stitution: residen	ce before odmission)
	HO:	L NAME OF (IF NOT IN HO SPITAL OR ADDRESS OR L	SPITAL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN BALT I	NORE	D. INSI	DE CITY LIMITS?	12/34 NO []
- 11	-	5_5			E. STREET AND NU	JMBER		153	140[]
	Je	phns HOPKINS H	osporto	ī(6110	FAIRDE	L AVE.	APT 2	0
	S. SE	M ORienta	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AC	E (In years pirthday)	If Under 1 Yr. Months Doys	Hours Min.
		USUAL OCCUPATION (Give kind of		BUSINESS OR INDUSTRY	11. SIRTHPLACE (Sto	te or foreign co	untry)	12. CITIZEN C	F WHAT COUNTRY?
	R	eduring most of working life, even if retired to the second of the secon	Ut.		Mary 14. MOTHER'S MAII	Jan a			
	F	In hand So	onne		Но	-			
	IS. W	Vas Deceased Ever in U. S. Armed	Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADD	PRESS
		1000		uml	111B Park	(rTID	hhn	1 HOOKI	us Hastatal
	1	18. 7 5 - 6 1		CAUSE OF DEAT	V 2		. ~~		ROXIMATE INTERVAL
		DISEASE OR CONDITION						1	
	İ	LEADING TO DEA		(A) IMMEDIATE CA	A CONSEQUENCE OF:	story			·
		heart failure, asthenia, etc. It me injury ar complication which cau	eans the disease,	n u	it ple conc	geni ta	lanom	alies	
		ANTECEDENT CAU	ISES	(B)					
3		DISEASES OR CONDITIONS, rise to the obove cause		DUE TO, OR AS	S A CONSEQUENCE O	F:			
2		UNDERLYING CONDITION lost.		(c)					
3	z		CONTRIBUTING						
b	Ĕ	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OF CONDITION GIVEN IN	TO THE TERMINAL						
				WHICH OPERATION	20A. AUTOPSY? (Y	fes or No. 208 IN	S. IF YES, WERE F CERTIFYING CAL	INDINGS CON USES OF DEAT	ISIDERED H?
	0	21 A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	NG 21E hon etc.	PLACE OF INJURY (e.g., ne, form, foctory, street, c	in or about 21 C/ WHER INJURY OC	E DID CCU R?	(If in Boltimore	e City, give exo	ct locotion)
3	5	21 D. TIME (Month) (Doy) (Y	eor) (Hour) 21E	. INJURY OCCURRED	21 F. HOW	DID INJURY	OCCUR?		
	>	OF INJURY (APPROX.)	WH	nile At Not Whi					
2		22. I certify that (1) (this has	oital) attended t	he deceased fram 2	110	19 🗇	11 to 21	10	19.7.4
9		that (1) (we) last saw the dece	eased alive an.	2/0	19 71	and that in	(my) (aur) apis	nian death ac	curred an the date
		and havr and from the causes	stated abave	l) (We) (did) (did nat)	view the bady after	death.	,		1 2
	1	23A. SIGNATURE	- D 1		anding Mad		+	23B, DATE SIG	ONED
		Willed.	Blank	er MU DEGREE Phy		ar Phys.	A	2/10	171
		23C. PHYSICIAN'S NAME (Type)	0	- M.D	23D. ADDRESS	Lagle	· 11.	cont -	
2	244	WINIFRED B.	PARKE	DEGREE	Johns t	10PKU W	5 70	Sport a	(Stote)
	24A.	REMOVAL (Specify)						, 10 WH, OF COU	
	2SA.	emation 2/11/		ohns Hopkins of REGISTRAR	2SC. FUNERAL D		N Broad		to. Md.
	3	17 1977 Pasas E.	Janeary Mi	31000	HOSP	ITAL I	ISP05A	با	



BI	L-200 71	1615			HEALTH DEPARTMENT	REG. NO.	71 1	615	
	NAME OF DECEASED JAN	VIE LEV	VIS		2. DATE	AND HOUR OF DEATH		9.00	1
3.	PLACE IN BALTIMORE, MARYLAN	ID, WHERE P	ONOU	NCED DEAD	4. USUAL RESIDENCE (WEA. STATE B. COU	nere deceased lived. If in	nstitution; resid	lence before	odmission)
FI H IN	JLL NAME OF (IF NOT IN H OSPITAL OR ADDRESS OR STITUTION	OSPITAL OR I	NSTITU	TION, GIVE STREET	Maryland c. div or 10 wn Baltimore	D. INS	IDE CITY LIMI	15?	2
	Granada Nursin	ıg Home	9		E. STREET AND NUMBER		YES	NO []
) 4017 Granada	Ave			1816 Larm	on St			
	SEX 6. RACE	WIDO	RIED [DIVORCED	8. DATE OF BIRTH 2/10/06	9. AGE (In years last birthday)	If Under 1 Months Do	Yr. II Un ys Hours	der 24 Hrs. Min.
do	A. USUAL OCCUPATION (Give kind Medication of the state of the second of	tired)	DOF	BUSINESS OR INDUSTRY	Richmond Va	reign country)	12. CITIZEN	S A	COUNTRY
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N.	AME			
15.	Was Deceased Ever in U. S. Arm	od Forene?		? 16. SOCIAL	17. INFORMANT				?
(Ye	s, no or unknown) (If yes, give war o	ir dotes of sen	rice)	SECURITY NO.	Chart,		A	DDRĒSS	
1	DISEASE OR CONDITIO		7,5	CAUSE OF DEATH	CVA			APPROXIMATE WEEN ONSET	
	(This does not mean the mod heart failure, asthenia, etc. It n injury or complication which co	reans the dis	e.g., ease,	(A) IMMEDIATE CAU DUE TO, OR AS A	CONSEQUENCE OF:	******************		• • • • • • • • • • • • • • • • • • • •	
	ANTECEDENT CA					***********************			
	DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION las	(A) slaling		(c) Chesse	a consequence of:	nl			
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN I	TO THE TERMI	ING NAL	Sypheli	o' `				
ERTIFIC	19A. DATE OF OPERATION 198.	CONDITION	FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or N	10) 208, IF YES, WERE	FINDINGS COUSES OF DEA	NSIDERED	
CALC	21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (natily medical examine)	но 🗌	21 & I home etc.)	PLACE OF INJURY (e.g., in form, loctory, street, aff	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If In Bollimor	e City, give e	xoct locotion)	
MEDI	21D-TIME (Month) (Doy) (OF INJURY (APPROX)	Yearl (Houd)		INJURY OCCURRED B At Work At Work	21F. HOW DID IN	JURY OCCUR?			
	22. I certify that (1) (this hos			deceased from 7	NY 19	1970 to Fo	F 11	1	97/
	that (1) (we) lost sow the dec		011	fit 11		hot in (my) (our) opi	nlan death c	occurred o	n the date
	ond hour ond from the couses 23A. SIGNATURE CONCULTAGE		/e. (I)	Atter	ding Med.	Staff Phys.	238, DATE S	IGNED	
	23C. PHYSICIAN'S NAME (Type) LAFAEL A S	ANTAY	ya	174	3D. ADDRESS	en and	J		
24	BURIAL CREMATION, 248. DA	9/71 24	C. NAI	ME OF CEMETERY OF CRE	emetry A	Count	ty, town, or co	ounty)	(Stote)
	FEB 17 1971	Bes 25 NA	AE Q.B	MANO O	Another precip	alstead 1	.206 W	ADDRESS North	ı Ave
VS	150-REV. 1/1/68								



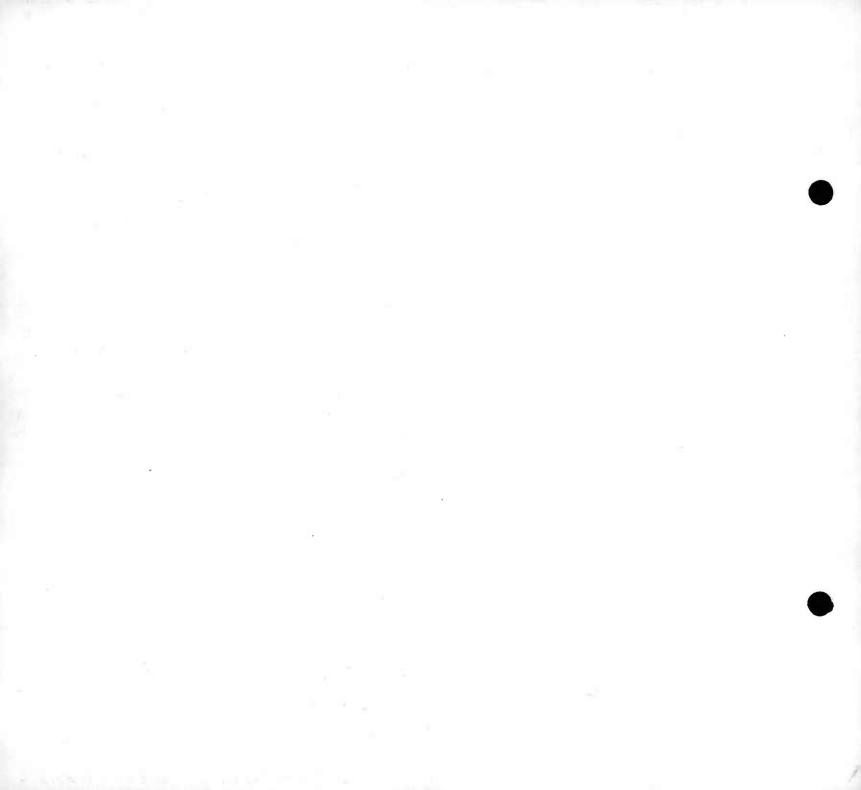
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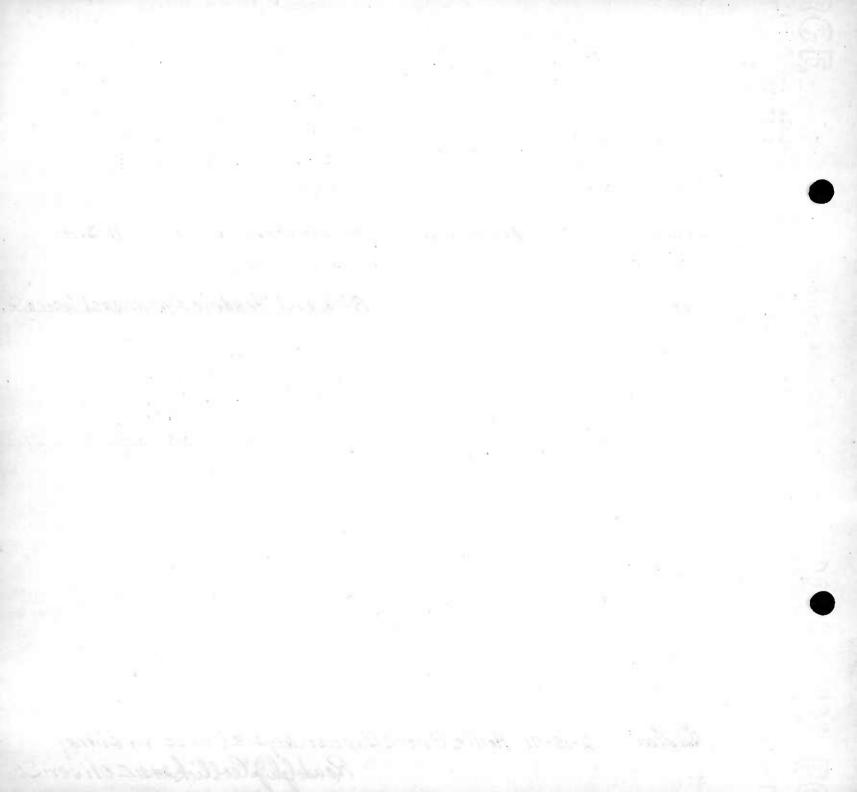
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FUNERAL

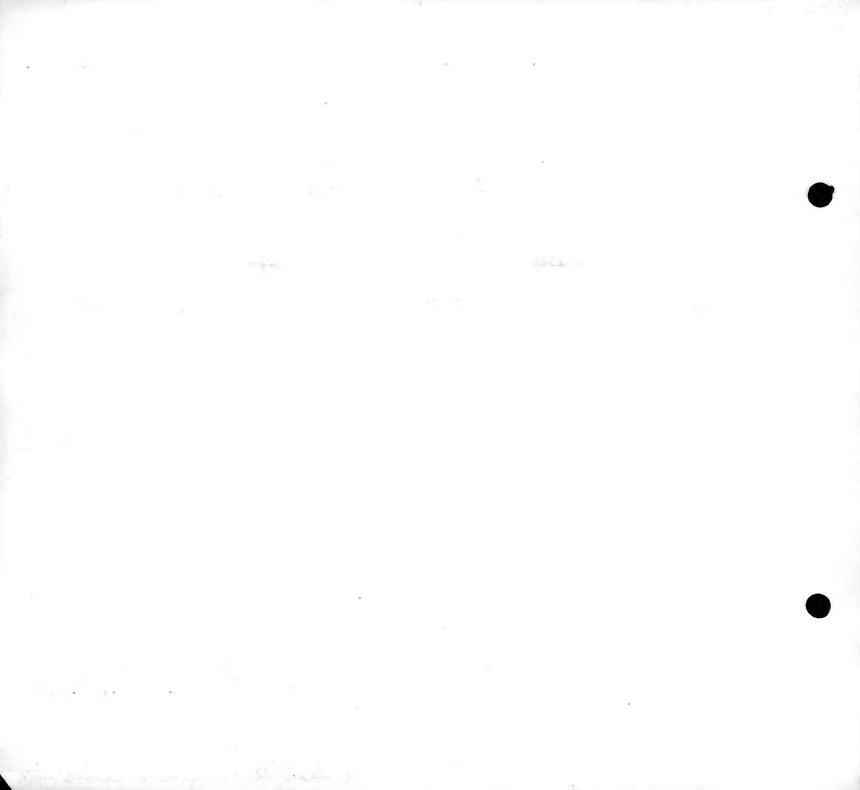


12	IFA		71 1617 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG NO. 71 1617
10	P D T D O T	BI	CERTIFICATE OF DEATH REG. NO. 11 101
	and ased the	1.	NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	-000		Onris 1182 Drown 12-15-71 12.8mm
		3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
		FL	ILL NAME OF OFFICE OF IN HOSPITAL OR INSTITUTION, GIVE STREET 99 N. COLLege Creck CTR
	cau cau tend	IN	STITUTION IC. CITY OR TOWN
ă.	ng cause; cause; affend	7	HYDAY VIEW-HUYSING HOME E. STREET AND NUMBER 15, Md YES NO E
4	occurred ontributi ermined regular eased pr	5.	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years III Under 1 Yr., If Under 24 Hrs.
	ath occur or contribution in regulation is ma	10/	WIDOWED DIVORCED 8/15/8/2 88
	det det	do	and of working life, even il retired) 12. CITIZEN OF WHAT COUNTRY?
	dec Uno us ed	130	PATHER'S NAME 114 MODIFIES EXPOSEN NAME
	# 9€ ¥ # d		PATHER'S NAME
	ant and; (and); (on on the dis	15.	Wes Deceased Ever in U. & Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
	ssistant the din kind; death nce on	(Ye	Wes Deceased Ever in U. & Armed Forces? s, no or unknown) (III yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
	assisting the particular of th	_	18. 4 9 9 1 CAUSE OF DEATH
	a i i a a a a a a a a a a a a a a a a a		DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3	or hi Also e of noun atte		LEADING TO DEATH
	0 7 2 2 0 5		(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
9	miner. fractu		injury or complication which caused death,)
	caminer aminer. A fractu who pro		ANTECEDENT CAUSES (B) AS CVD and Out Hypert
1	3) A A		DISEASES OR CONDITIONS, if any, giving is to the above cause (A) stating the
	ale (3) (3) ns a		UNDERLYING CONDITION lost. (c) Villay Engratuence
		z	
5	med med bu bu phy an v	E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].
	chief chief Body the p	5	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 720A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	by a by a 2) Boc re the physic	2	
l.		11	21A. ACCIDENT WAS UNDERLYINO OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foclory, street, office bldg., INJURY OCCUR?
		∥ ≌	
	hospi natur cept w id (6) I	ME	OF INJURY
110	2 2 2 2		Work At Work
	6 T R.S.	111	22. I certify that (I) (this hospital) attended the deceased from Albury 19 0 to 19 0 to 19 19 19 that (I) (we) lost saw the deceased glive on Fermion 8 19 1 and that in (my) (gur) apinion death according to determine the date
	of a of a of a line (all (be be a line);	11:	
	leased to ident of hospital o death)		and hour and from the courses stated phave. (I) (We) (did) (did not) view the body after death.
	releasec accident a hospi r to dea		Attending Med. Staff 23B. DATE SIGNED 23B. DATE SIGNED 2-15-71
			23C. PHYSICIAN'S 23D. ADDRESS
	certificate m body was rel rs: (1) An acci D.O.A. at a l ased prior to		15- H- Weiss - M.A GIS Hamman - 21228
	certifi body vs: (1) Vs: (1) D.O.A	244	BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (Stole)
	This cert the body shows: (1 was D.O decease	IX	SINGE Z: 19197 DIME FORM Memorial (IMMONO)
	This certhe bocshows: was D. deceas	254	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	F - 4 > 0 >	1	150-REV. 1/1/68





5.7-62-23 TB	0 514	1		BALTIMORE CITY	HEALTH DEPARTMENT		FM 4000	
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oital and of death Deceased e on the	1. NAME OF DEC	EASED		0.1.74	2. DATE	IND HOUR OF DEATH		
			l, Charle		1	12/71	9:40	A. M.
2 0 0	3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (WI	ere deceased lived. If in	nstitution; residence belore	admission
a hosp cause se; (5) I andance	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Md.		1002	
	INSTITUTION	Baltimore	City Hos	pitals	c. CITY OR TOWN Baltimore	D. INS	YES NO NO	
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oution of de.		Baltimore,			1015 Abbott	Court 212	215	
-25-5	5. sex Male	Negro	4 200	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under Months Doys Hours	er 24 Hrs. Min.
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det det	done during most of v	vorking life, even if retired)	TOUGHT OF I	:	VA	eign country)	12. CITIZEN OF WHAT	COUNTRY?
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U ~ > E U		Charle	es .	,	Glori			
	15. Wes Deceased	Ever in U. S. Armed For		6. SOCIAL	17. INFORMANT			
F 25 4 7 7 7 7	(Yes, no of unknown)	llf yes, give war ar dote	s of serviced 2	13-36-4467	BCH Paganda	4940 Eastern		
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∩ -= c o − 3 E		plication which caused	death.)					
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IMPORTAN

DIRECTOR:

FUNERAL

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71 1632 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE

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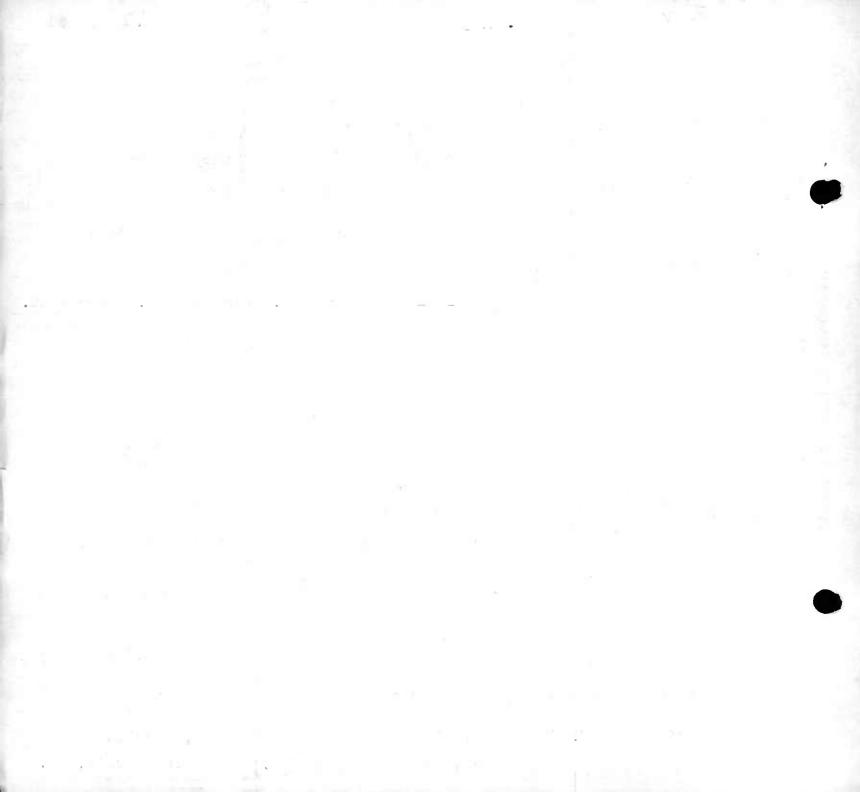
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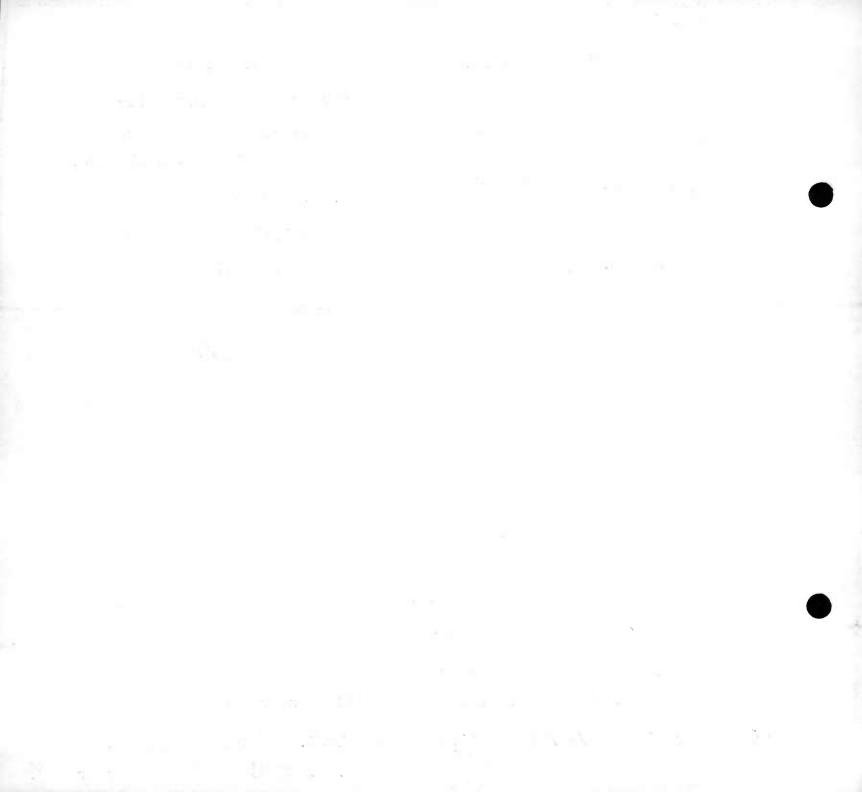
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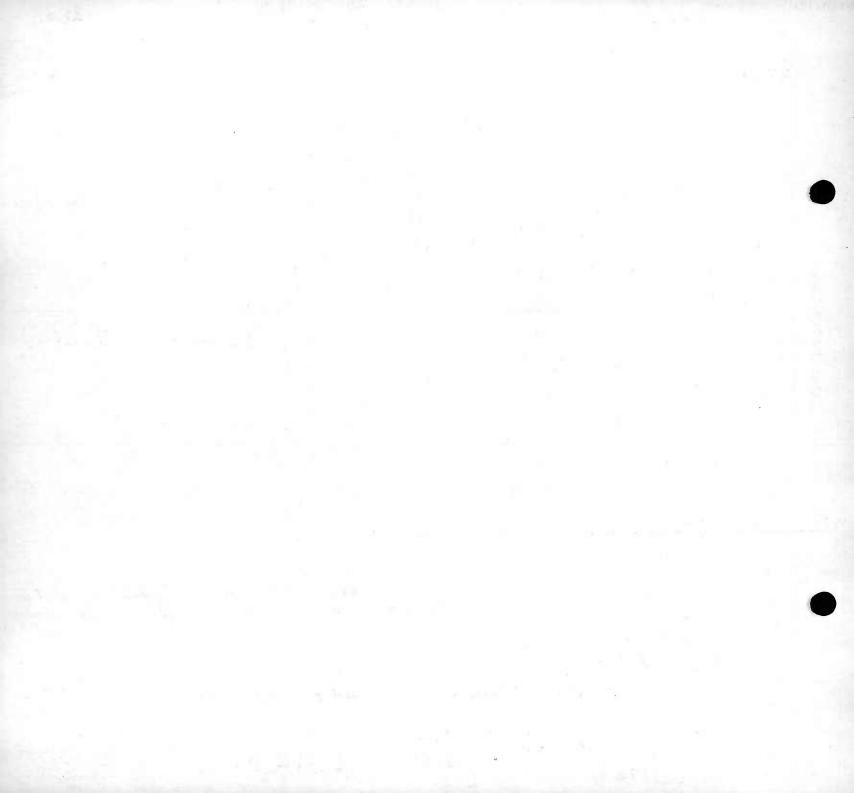


Letter from M.E.'s office 3-17-71 M.H.

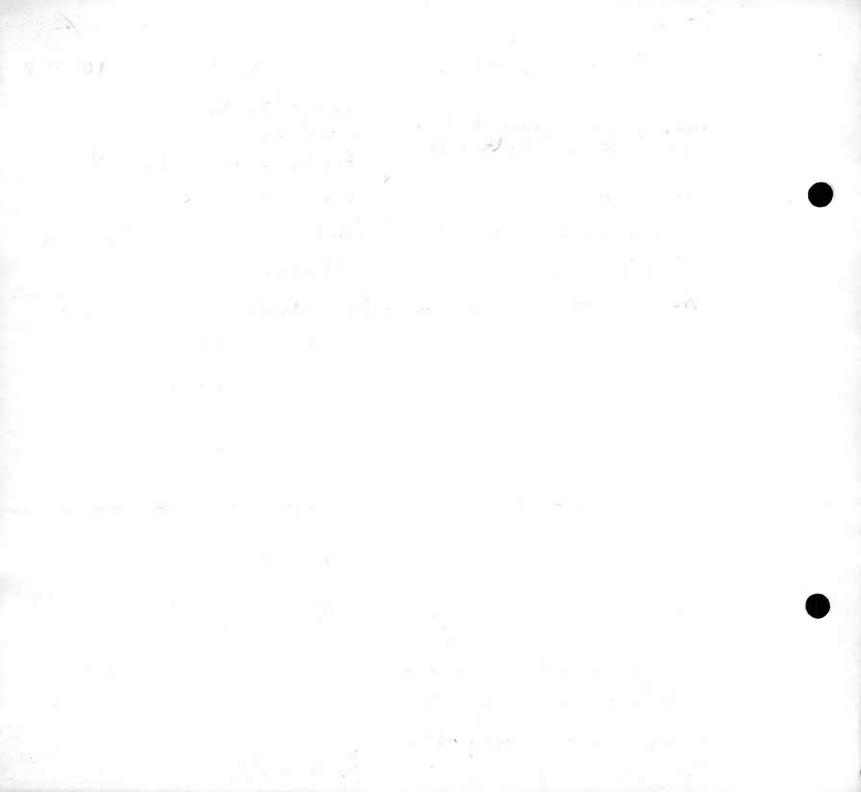


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

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VS 150-REV. 1/1/68



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2002	BIRTH NO. 71 1629 CERTIFICATE OF DEATH REG. NO. 71 1639
l and death eased n the Such	I, NAME OF DECEASED
death	(Type or Print) FRANK A. RUTh 2-15-71
+ + 0	5. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD [14. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission).
ospi e o nce leat	A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)
10000	INSTITUTION D. INSIDE CITY LIMITS?
- 3	00524 N. Charles ST. E. STREET AND NUMBER
- E U D - E	E. SIREEI AND NUMBER
9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	5. SEX 6. RACE 7. MARRIED AISTER MARRIED 8. DATE OF RIGHT 9. AGE (In years 16 Hodge) V. 16 Hodge 24 Married
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CELORS	MALE WIDOWED DIVORCED 3-10-1892 78
h co	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
de de tio	SAKSMAN BALTIMORE, U.SA.
de de constant de	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
nt if death direct or c ; (4) Undet h was in n the deci	Educad E Ruth The M. SI
a state a stat	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
	NO 815-05-4229 FRANK A RUTH- 4103 1/1/1/2 NAVA Rd
O g = 5 B B P	1824/0.0 1 2509 CAUSE OF DEATH APPROXIMATE INTERVAL
his his	DISEASE OR CONDITION DIRECTLY
E -300E8	LEADING TO DEATH (A) IMMEDIATE CAUSE Chancey frombotic I months.
	heart failure, oshenio, etc. Il meons the disease.
天 50 p g a d	injury or complication which caused death.)
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T × Siri Sign	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
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he che che che che che che che che che c	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (II In Bolitmore City, give exect location)
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proved b the hosp ny natur except w and (6)	Work At Work
the iny anc	22. 1 certify that (1) (this haspital) attended the deceased from
0 000	that (1) (we) lost sow the deceased office on
	ond hour and from the causes stated above. (1) (We) (did not) view the body after death.
ust be dent lospit deat	23A. SIGNATURE [23B. DATE/SIGNED]
2 0	Attending Med. Staff 7/1/11
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
was r An a L. at o prior	NAME (Type)
P P P V € E	DEA BURNEY CREATION IN LIFE TO MI, MID, DEGREE DOY MISERY KO, DEUR, MIDON MA
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
This certif the body shows: (1) was D.O. deceased written a	BURIAL 2-18-11 Woodlawn Cemetery BALtimore Md
This the bashow was dece	25A. DATE REC'D EW HEALTH DEPT. 25B. NAME OF REGISTEAR 25C. FUNERAL DIRECTOR. ADDRESS
まれる からかり	FEB 10 1971 July & & James RD. HRMROST FENEVAL Charal- You Libert Hart
	/S 150-REV ₆ 1/1/68

JA REMARS ST. SAKSON AN Herringer 1 " Eliand F. K. H. TIP MARCHA LOWER SOUND AND SHOP IN SOME SHOW the reason with the college that I make mil James Lawren Ampleon College

25C. FUNERAL DIRECTOR

ADDRESS

Robert C. Altenburg Funeral Home, Inc.

6009 Harford Rd. - Balto..

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

258. NAME OF REGISTRAR

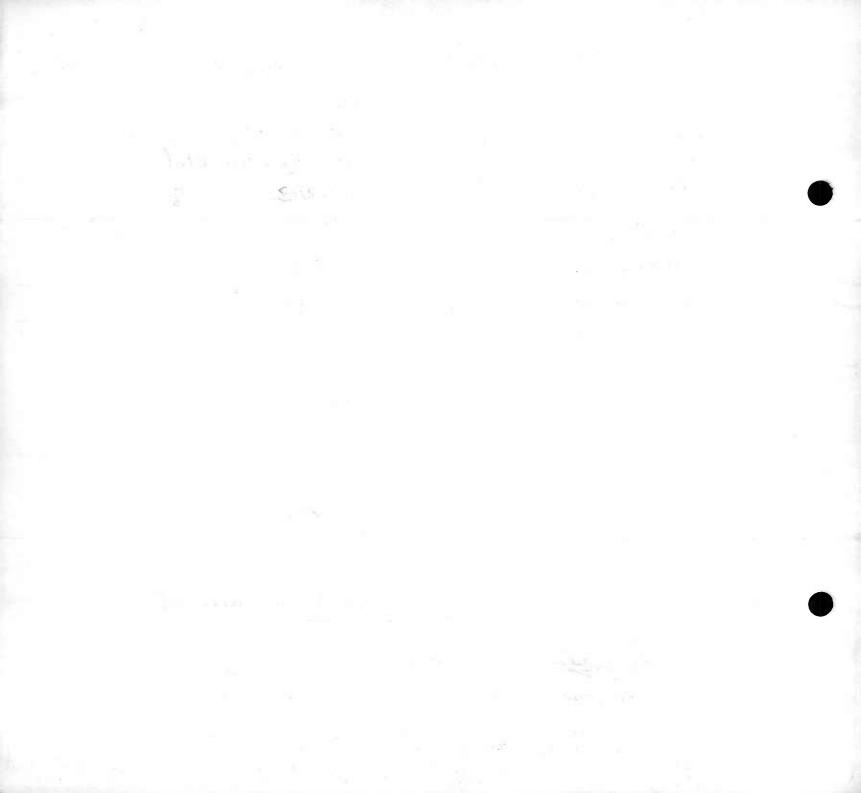
BURNELLE DE LOS MARIES - DI BENERAL EDON

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3. 1	PLACE IN RALL	Bertha					institution: residence before admissi		
FU I	LL NAME OF			JTION, GIVE STREET	A, STATE B. COU Maryland C. CITY OR TOWN Baltimore	YTY	ISIDE CITY LIMITS?		
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5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 F		
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2 1	Housev		Но	me	14. MOTHER'S MAIDEN N		010111		
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	Simon P	1. Logan		Ti.	Anne Leac	n			
S. V Yes	Was Deceased	Ever in U. S. Armed For	ces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No				lB Mrs. Helen	Valentine	g-106 Patapsco		
	18. 4// 9	/ 1		CAUSE OF DEA			APPROXIMATE INTERVA		
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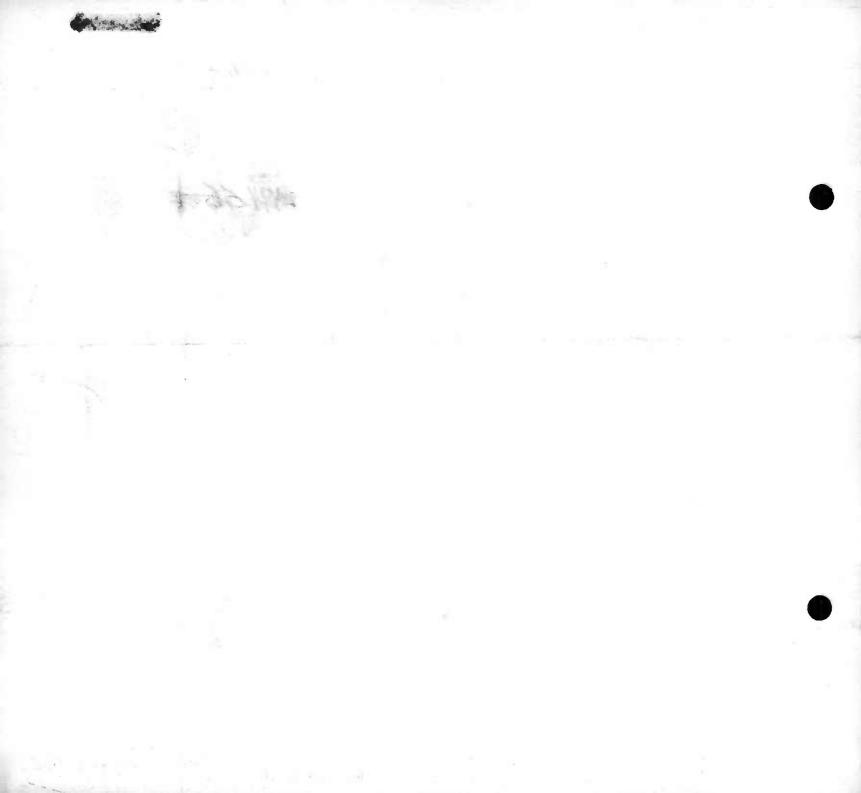
IMPORTAN

DIRECTOR:



This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a hospital and the bady was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior ta death); and (6) Na physician was in regular attendance on the deceased prior to death. Such written appraval must be obtained befare the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

BIRTH NO. CERTIFICATE OF DEATH 1603	1	R-200 71 1633	BALTIMORE CITY	HEALTH DEPARTMENT				
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S. SEK	H	PARTIME OR ADDRESS OR LOCATION	N, GIVE STREET	1,10	10,4	16-07		
5. SEX S. BACE NEVER MARRIED NEVER MARRIED S. DATE P BIRTH S. DATE BIRTH S. DATE BOOM S. ECURITY NO. S. ECURITY NO. S. ECURITY NO. S. DATE P BIRTH S. DATE BOOM S. DATE BOO	IN	STITUTION		1	D. INS			
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13. FATHER'S NAME	-		DIVORCED	1/27/243	1200	Months Doys Hours Min.		
15. Wes Decessed Ever in U. S. Armed Forces? 16. SQCIAL SECURITY NO. 17. INFORMANT ADDRESS 18.	do:	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUT	SINESS OR INDUSTRY	11. SIRTHPLACE (State of fore	ga country)	12. CITIZEN OF WHAT COUNTRY		
15. Wes Decessed Ever in U. S. Armed Forces? 16. SQCIAL SECURITY NO. 17. INFORMANT ADDRESS 18.		Refred	me	Mel	1100	U.S.A		
18.	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE			
18.	L							
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) DEATH (n	CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A)	***************************************					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) DEATH (n	TIF	WAS PERFORMED	H OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?		
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21D. TIME OF INJURY OF INJ	Y.	OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examiner)	rm, foctory, street, offi	ce bidg., INJURY OCCUR?	h in pothwore	City, give exoct locotion;		
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23C. PHYSICIAN'S NAME (Type) AND DEGREE Phys. D Med. Director Phys. D DIR		23A. SIGNATURE	-, (210) (210 Hat) VI	e body diler degih.		23B DATE SIGNED		
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REMOVAL (Specily) Burial 248. Date 246. Name of CEMETERY of CREMATORY 240. Location (City, town, or county) (Stotel Princess Anne, Somerset, Md		MANKETWALI		MC	911			
Burial 2/15/71 John Wesley Princess Anne, Somerset, Md	24A	BURIAL CREMATION, 248. DATE 24C. NAME REMOVAL (Specily)	OF CEMETERY OF CREA	SATORY 24D. LO	CATION (City	, town, or county! (Stotel		
DEA DATE BECID BY UPALTIL DOOR			Weslev	Pri				
FEER 2 11 . A . I AUDIESS MA /	-	DATE REC'D BY HEALTH DEPT. 258, NAME OF RE	GISTRAR	25C. FUNERAL DIRECTOR	#7- I	4.0.0.000		
TEBIO 1971 (Liber & Jaker NO. O O Wichen H. Sames 38: FUNERAL HOME	Ľ	ED 10 1971 (Xibe & Salber K	0, 0 0 0	Whichon d. Sa-				



2/23/71 - Letter from Central Medical Medical Centre. Signed by

Dr. Randolph H. Spitzberg dated 2/19/1971.

V -			BALTIMORE CITY	HEALTH DEPARTME	NT				
BIRTH NO.	50 71	1635		TE OF DEAT		71 1635			
1. NAME OF					TE AND HOUR OF DEATH				
(Type or Print	CT.	INTON	KINNAMON		February 14,	1971			
3. PLACE IN	BALTIMORE, MARYL	AND, WHERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If in	nstitution: residence before admission)			
FULL NAME	E OF (IF NOT IN	HOSPITAL OR INSTI	TUTION, GIVE STREET	Maryland		25-53			
NOITUTITEN	ADDRESS O	K LOCATION)		C. CITY OR TOWN		IDE CITY LIMITS?			
a	Hood Nu:	rsing Home		Baltimore E. STREET AND NUM		YES X NO			
1		dmonds on Av	enue	3621 Wilke	· -··				
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	19. AGE (In years	il Under 1 Yr., if Under 24 Hrs.			
Male	White	WIDOWED	DIVORCED T	9-2-1885	85	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
done during me	OCCUPATION (Give kind ost of working life, even if	d of work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY			
Retir		16.11.60,		Mary1	and	TT C A			
13. FATHER'S	NAME			14. MOTHER'S MAIDE		U.S.A.			
G	eorge F. Kir	nnamon		Emma V	. Chambers				
15. Was Dece	eased Ever in U. S. Arr	med Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
No	, , , , ,		215-10-9804	Mrs. Jane S	chieve, 1116 S	t. Paul St. 21202			
18. 4/	12.41		CAUSE OF DEATH		, 1220 0	APPROXIMATE INTERVAL			
la	SEASE OR CONDITION		l	7501		BETWEEN ONSET AND DEATH			
(This do	LEADING TO D	ode of dving. e.g.	(A)IMMEDIATE CAU	se/ / CC	<i>IJ、</i>				
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	ANTECEDENT C		40 company			1			
DISEASE	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:								
rise to	the above cause	(A) sloting the	0	E -		graphic of the 14 discovering distinguishing and property			
-	11		(C)			***************************************			
OTHER SIG	GNIFICANT CONDITION	NS CONTRIBUTING		-					
V DISEASE	DEATH BUT NOT RELATE OR CONDITION GIVEN	IN PART 1 (A).	***************************************		*******************************	***************************************			
19A. DATI	OF OPERATION 191	AS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?			
U 21A. ACC	IDENT WAS UNDERLY	YING 21E	PLACE OF INJURY (e.g., in	or obout 21C, WHERE D	OLD (If In Rollimor	e City, give exact location)			
DEATH I	RIBUTING ☐ CAUSE C notify medicol exemined	hon elc.	ne, farm, factory, street, off	ice bidg. INJURY OCCI	J R?	City, give exoct locotion;			
0 21D.TIME	E (Month) (Doy)	(Year) (Hour) 21E	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?				
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22. I cer	tify that (1) (this ha			9/1	10 7/1 2	f . d			
	(set sow the de		~ / , 7/5	19 0	19 <u></u> 10	19			
			i) (We) (did) (did not) vi		nd that in (my) (am) opin	nion death occurred on the date			
23A. 5IGN	ATURE		, (445 (did) (did) (di	ew the body offer de	am.	238. DATE SIGNED			
	1910	il (fel	med > Dham	ding Med.	Staff Phys.	7/15/7/			
23C.PHYS	ICIAN'S		DEGNIE	3D. ADDRESS	→ rnys	1,2///			
	Ear1	I. Pass		4001 Wil	kens Avenue, Ba	lto., Md.			
24A. BURIAL REMOV	CREMATION, 24B. DA	ATE 24C. N	AME of CEMETERY of CRE			y, town, or countyl (State)			
Buria	1	17-197 W	estern Cemeter	y	Baltimore, Man	cyland			
25A. DATE RE	C'D BY HEALTH DEPT		OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS			
FEB 1	8 1071 8	e. B. B. Jabe	TRA 100	Howard H.	Hubbard, 4107 W	Wilkens Ave. 21229			
VS 150-REV. 1	1/1/68		7 11						

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H	0		71	163	6 E	BALTIMORE CITY HE	ALTH DEPAI	RTMENT						
	P. 350		MED	DICA	EX	AMINER'S	CERTIFIC	CATE OF	DEAT	Н	71	163	6	
BI	RTH NO.							0, (12 01		REG. NO		200		
1.	NAME OF DEC		Α.				2. DATE	Known XX	Month	Doy	Yeor	Hour		
(1)	pe of Filling	Wa:	lter Pa	tton			DEATH	Estimoted	2	14	71	12:05	PA.	
	PLACE IN BAL						3. DATE		Month	Doy	Yeor	Hour		
HC	FUIL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION							INCED DEAD	2	14	71	12:05	m 141*	
40 St. Agnes Hospital								ESIDENCE (Mile)	e deceased it	B. COUNTY	2	n - 63	on)	
6. SEX 7. RACE B. MARRIED NEVER MARRIED							C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?			
m	ale	Wh	ite	WIDON	WED 🗌	DIVORCED [Ba1	to.		VI	s 🖪	No 🗆		
9.	DATE OF BIRTH		10. AGE (n yeors	If Und	er 1 Yr. If Under 24 Hrs.		ND NUMBER				110 🗀		
2	2-19-1896	5	lost birthdo		Months	Doys Hours Min.	19	31 W. Bat	timore	Street				
11.	BIRTHPLACE (S	tote or fore		Or Cr.	12, CIT	IZEN OF	13. FATHER		CIMOLC	502000				
	West V					U.S.A.	10000							
14A				TAR. KINII		ISINESS OR INDUSTRY	JOI	n Brown	Pattor	1				
don	e during most of w	orking life,	even if retired)	1 401 Kil 41	OF BU	13114533 OK 114D031K	13. MOINE	S MAIDEN INA	WE					
							Cu	izahoga	Kate Do	wning				
	WAS DECEASE , no or unknown)					7. SOCIAL SECURITY NO.	IB. INFORM				DDRESS			
							Bartle	ett Funer	al Home	, Graft	on, We	st Virg	ginia	
	19.4/5	. 4.				CAUSE OF DEA	TH					PROXIMATE INT		
	DISFASE	OPCON	IDITION DIRE	CTIV		Arte	rioscle	rotic car	diovas	cular di		TELL OLIVE ALL	DEAM	
			TO DEATH	CILI										
	(A)IMMEDIATE CAUSE (A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:											***************************************		
	injury or com	plicotion w	tc. Il meons the	oth.)										
						4								
			T CAUSES	CIVING	2	(B) DUE TO, OR	AS A CONSE	WENCE OF						
	RISE TO THE	ABOVE C	TIONS, IF AN' AUSE (A) STA	TING THE		00E 10, 0k	AS A CONSEC	WENCE OF:						
Z	UNDERLYIN	G COND	ITION LAST.			(c)	****							
CERTIFICATION			11										-	
۲ ک			ONDITIONS C											
H	DISEASE OR	CONDITIO	N GIVEN IN P.	ART 1 (A)										
ERT	20A. DATE OF	OPERATIO	ON 208. CO	NOITION	FOR W	HICH OPERATION WA	S PERFORM	ED	-		21. AUTO	PSY? (Yes or	No)	
	7											no		
CAL	22A. EXTERN	NAL CAUS	E WAS		22B. PL	ACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID	(If in Boltimor	e City, give exo	ct locotion)			
MEDIC	UNDERLYING UTING CAL	JSE OF DE	ATH.		home, h	arm, toctory, street, office	bldg., etc.) if	JURY OCCUR?						
2	OF INJURY	Month)	(Doy) (Yeo	r) (Hou	1	INJURY OCCURRED		2F. HOW DID IN	JURY OCCI	JR?				
	(APPROX.)				m. WH	ILE AT WAT W	WHILE ORK							
	23.				_	rve				**				
					_	nspection XX Au	topsy	and that on t	hls basis,	death in my	opinlon			
	result	ed fram:	Natural cou	ses X	X//Acc	ident Sulcid	e Ho	micide	Undetermin	ned manner [
			1		/	1	CHIEF MEDICAL EXAMINER							
И	ACTUAL SIGNATU	DE	XL	11	11	5/1/10	ASSIS	TANT MEDICAL	EXAMINER			DATE SIGN	ED	
	EXAMINE			7		M D	ASSO	CIATE MEDICAL	EYAMINED	₩.		2/15/71		
	NAME (T	(pe)	Peter	Гірк	ovic	, M.D.	A330	CIAIE MEDICAL	EXAMILAEK			2/13//1		
24. RE	A. BURIAL CREW MOVAL (Specify	ATION,	24B. DATE			NAME of CEMETERY		RY 24D.	LOCATION	(City, town	, or county)	(Stote)	
	urial		2-18-1	.971	B	luemont Ceme	tery	G:	rafton,	West V	irgini	a		
	A. DATE REC'D	BYHEALTH	DEPT.	25B. N	IAME O	F REGISTRAR	25C. F	UNERAL DIRECT			DDRESS			
	FEB 18	1071	() Cobe & &	T da	Ben	KD.	Hov	ard H. H	ubbard.			Avenue	e	
VE	161 DEV 4/4//	10//		10	7.	ile Vi O		e eres pro-	,					
43	151-REV. 1/1/68				3	E Las	1 12	() () :1						

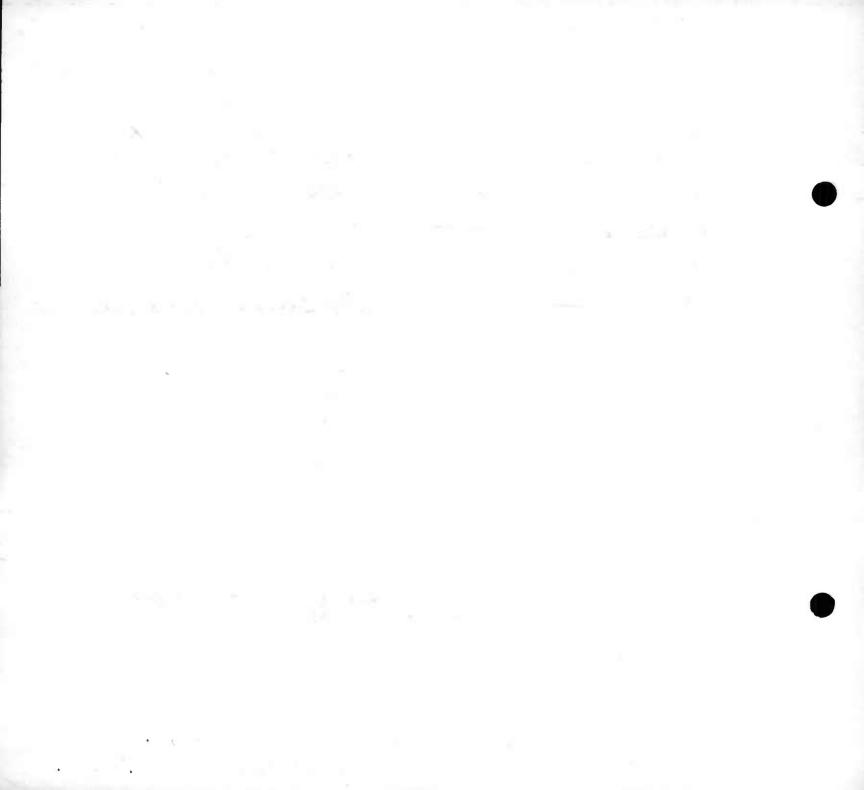
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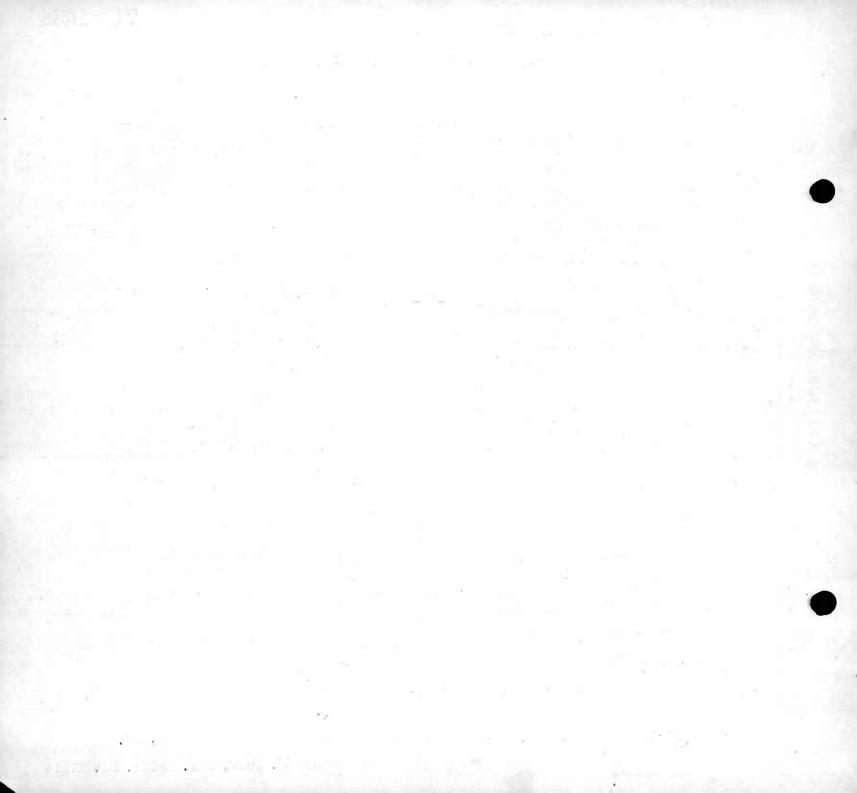
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68





T 656

BIRTH NO.	
I. NAME OF DECEASED (Type or Print) GEORGE TURNER OF DEATH Estimated Stimpled	Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION 3. DATE Month Doy PRONOUNCED DEAD 2 12 5. USUAL RESIDENCE (Where deceased lived. If Institution)	
Maryland General Hospital A. STATE Md. 6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE	11-00
male negro WIDOWED DIVORCED Balto.	YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Doys Hours Min. 556 W. Hoffman St.	
11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COONTRY? 13. FATHER'S NAME WHAT COONTRY?	
HALUSUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME doge during most of working life, even if retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grundnown) (II yes, give wor or diversor service) 17. SOCIAL SECURITY NO. 18. INFORMANT CYRA WIKON 3439 Part 19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grundnown) (II yes, give wor or diversor service)	ADDRESS AUE
P.E. 965 X ₁ CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart lotture, osthenio, etc. it meons the disease, injury or complication which coused death.) (A) IMMEDIATE CAUSE Shotgun wound of abdomen DUE TO, OR AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. C) (b) DUE TO, OR AS A CONSEQUENCE OF: (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout long) 22C. WHERE DID (il in Boltimore City, give et home, form, foctory, street, office bidg., etc.) 10 10 10 10 10 10 10 1	17-02
I certify that I held on Inquiry Inspection Autopsy on and that on this basis, death in my resulted from: Natural courses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) Isidore Mihalakis, M.D. Autopsy K and that on this basis, death in my and that on this basis, death	
Bound 3/20/71 NA AVOURN BOUTOMY	vn, or county) (Stole)
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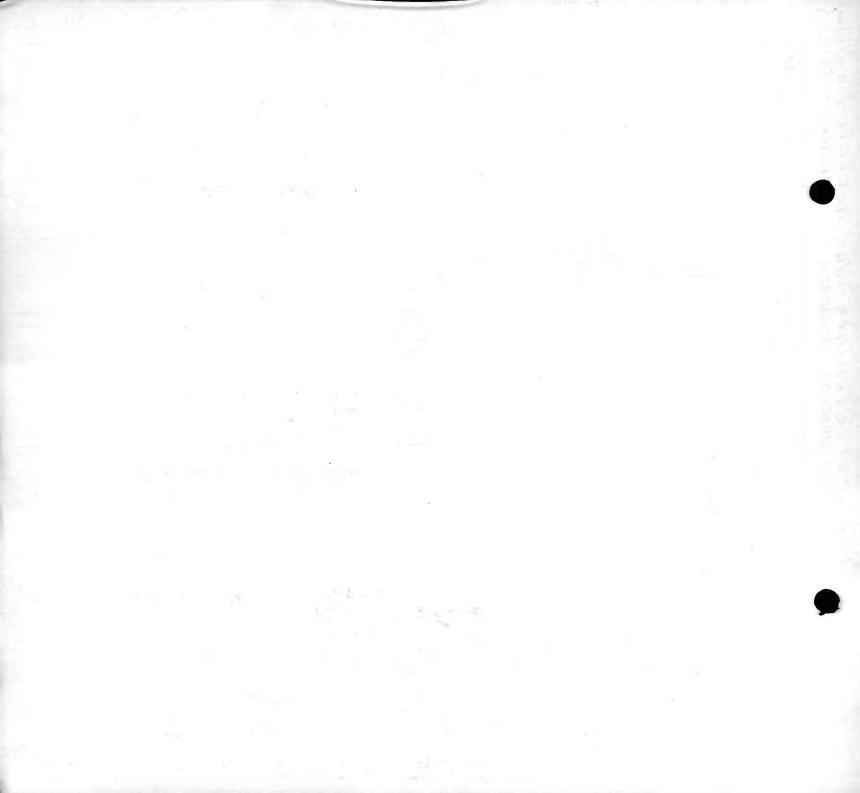
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) EdNA (COUNS) 2-13-71 3. PLACE IN BALTIMORE, MARTHAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE I Where deceased lived. If institution: residence before admission FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? Bellemire YES A E. STREET AND NUMBER LTO MD 21230 mad 6. RACE 9. AGE (In years lost birthday) 7. MARRIED X NEVER MARRIED If Under 1 Yr. If Und Months: Doys Hours negro 7-20 WIDOWED DIVORCED IGA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stolo or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during/most of working life, even if retired) Tausticula 13. FATHER'S NAME death 15: Was Decoused Ever in U. S. Armed Forces? (Yos,na or unknown) (If yes, give war or dotes of service) final 6. SOCIA 10WANS SECURITY NO. attendance 9 DISEASE OR CONDITION DIRECTLY pem LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, embal ar injury or complication which caused death.) regul ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUÊNCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the the remains UNDERLYING CONDITION lost Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING an TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? I fleeding 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, sheet, office bldg., INJURY OCCUR? (If In Baltimore City, give exact location) MEDICAL å DEATH (notify medical examined obtained 21 D. TIME (Month) (Day) (Year) 21E INJURY OCCURRED (Haur) 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) 22. I certify that (1) (this hospital) attended the deceased from 197/ 19 7/ that (i) (we) last saw the deceased alive on... ond that In(my) (our) opinion death occurred on the dote eath) hospital and hour ond from the couses stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending [236 PHYSICIAN'S NAME (Type) 23D.-ADDRESS 24A. BURIAL CREMATION. CEMETERY OF CREMATORY REMOVAL (Specify) shows: SDM VS 150-REV. 1/1/68

NO [

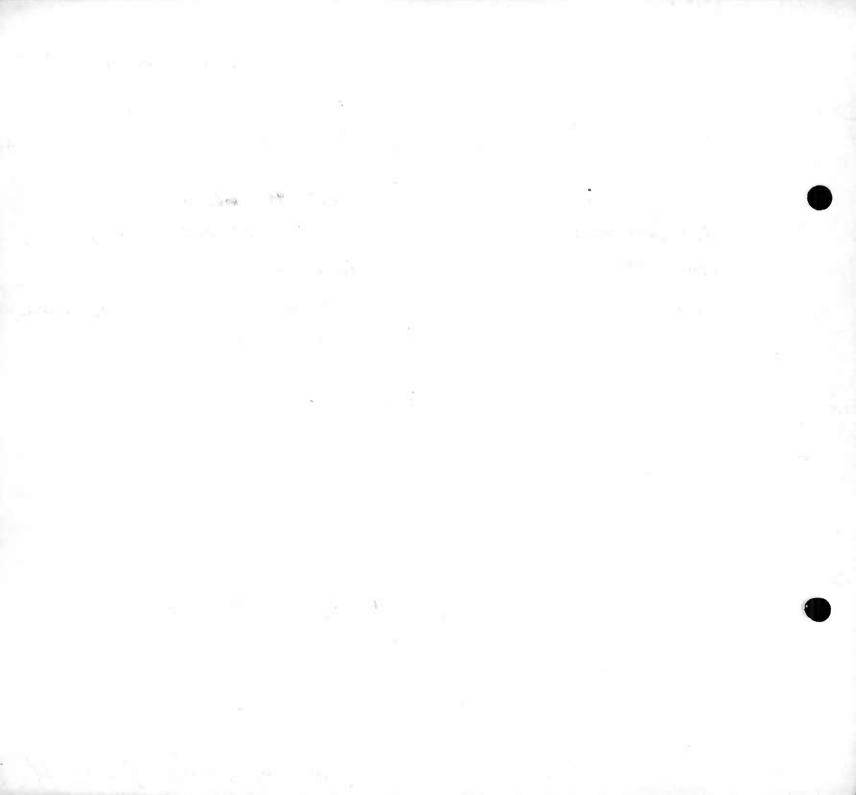
ADDRESS

BETWEEN ONSET AND DEATH

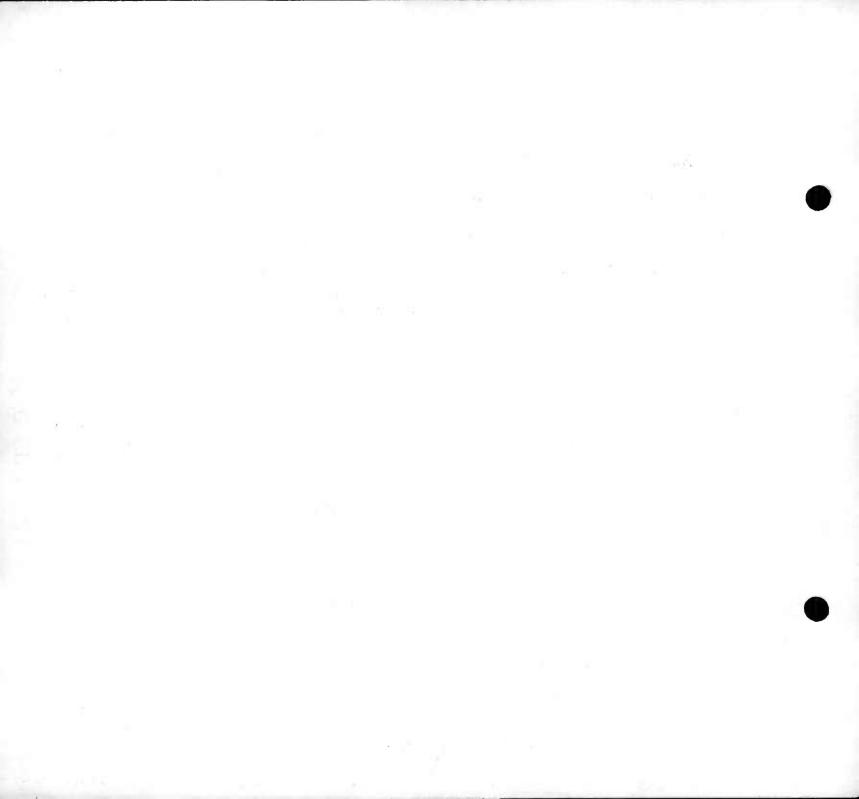
If Under 24 Hrs.



VS 150-REV. 1/1/68



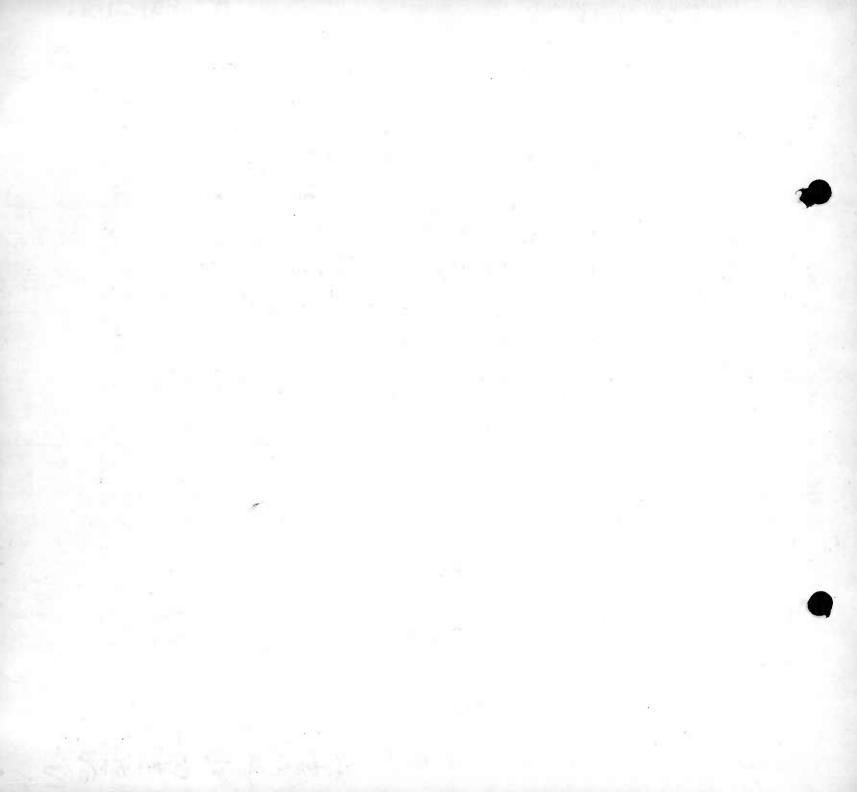
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	sed the och		TH NO.	G	}	CERTIFICA	TE O	F DEATH	REG. NO.	71	642	_
	pital and of death Deceased e on the ath. Such		DE OF DECEASED PRINTE	ENE C.	EPPS			2. DATE A	NO HOUR OF DEA	тн	1. 21CA	_
	of O De G De G Th.	3.	PLACE IN BALTIMOR			DEAD	4. USUA	L RESIDENCE (Who	ere deceosed lived. I	f institution; les	idence before admiss	, N
	a hospit cause of se; (5) De sndance to death	FU	LL NAME OF (I	F NOT IN HOSPITAL	OR INSTITUTION,	GIVE STREET	ma	4.	•	16-	03	
	n a cau use; tend r to	IN	STITUTION				C. CITY C	OR TOWN	D. 1	NSIDE CITY LIM		_
	- B B # '0	d	atheran i	Caspital of	of maryl	and	E. STREE	T AND NUMBER		YES 4	NO 🗌	_
	buti ned lar d pr	5, 5	EX 6. RAC	CE [7.			1/3 /	N. Moun				
	T E B E		emale the	320 1	MARRIED NE	DIVORCED	12	25 02	9. AGE (In years last birthdoy)	Months: D	Yr. II Under 24 I Poys Hours Min	ris.
	con leterin in re-	don	USUAL OCCUPATIO	N (Give kind of work 10	B. KIND OF BUSIN	ESS OR INDUSTRY	11. BIRTH	PLACE (State or lose	6742.	12. CITIZE	N OF WHAT COUN	TRY
	i d'i		N/A FATHER'S NAME		N/	A	Mu	Mad 10	1. J.	4	54	
-	rect (4) U was the ispos	/	To to -	2			14. MOTI	HER'S MAIDEN NA				
Z		15.	Was Deceased Ever in uno or unknown) (If yes	OWEN IN S. Armed Forces	? 16. SC	CIAL	17. INFOR		owe/s		ADDRESS A	
IMPORTAN	ssistant the di tkind; death nce on final di	(16:	N D	, give wor ar doles a		-10-1047D	KI	ith Bou	vers	-1 11	1 2/2	07
Ö			18. 436.0) [(CAUSE OF DEAT		u p r	1/51		APPROXIMATE INTERVA	L
W	F of the part of t		DISEASE OR LEADI	CONDITION DIRECT			-050	TAUD WAS				AIN
	ono ono alm		(This does not med heart failure, astheri	a. elc. Il means the	ing, e.g., e disease.	DUE TO, OR AS	A CONSEQ	UENCE OF:	CULAR A	CCIDENT		
OR:	aminer. A fractur Nho proi		injury of camplicalia	n which caused de EDENT CAUSES	ath.)	HYPE	RIEN	VSIVE VY	4SCULAR	DISEASE		
5	xami xami () A fr who n reg		DISEASES OR CO	NDITIONS, il any	, giving	(B)OUE TO, OR AS	A CONSEC	QUENCE OF:	-		***********	н
DIRE	S in S		rise to the above UNDERLYING CON	e cause (A) st	oling the	(c)						
	medical Medical burns; (; hysician n was il	z		11								_
RAL	medical medical f burns; physicia an was remain	ATION	OTHER SIGNIFICANT OF THE DEATH BUT NO DISEASE OR CONDITION	OT BELATED TO THE T	EDMINIAL	*************************			•			
UNER	hie ody		19A, DATE OF OPERA	TION 198. CONDIT	ON FOR WHICH	OPERATION	20A. A	UTOPSY? (Yes or No	208. IF YES, WER	E FINDINGS CO	ONSIDERED	_
5	tal by er. (2) B here the No phy before	CER	21A A CCIDENT WAS	UNDERLYING	218. PLACE	OF INJURY (e.g., in	or obout 2	IC. WHERE DID		nore City, give e		_
	P P P P P P P P P P P P P P P P P P P	CAL	DEATH (natify medico	cause of	home, lonn,	loctory, street, of	ice bldg., I	NJURY OCCUR?	,		ACCI INCOMONI	
		MEDI	OF INJURY	(Doy) (Year) (F		YOCCURRED	2	IF. HOW DID INJ	URY OCCUR?			
	2 2 11 - 0		(APPROX.)		While At C	→ Al WOR		-1			/	
	F - F - C - C - C - C - C - C - C - C -		22. I certify that (I that (I) (we) last so			ased from	2/9 19	-1.	19 <u>71to</u>	2/16	197/	
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	must be eleased scident hospit to deat al must		23A. SIGNATURE			2				238. DATE S	SIGNED	_
	a h rele		23C.PHYSICIAN'S	NSham		DEGREE Phys			Staff Phys.	2/16/	(7)	
	ifficate my was rely was rely (1) An accide at a f d prior to approval		NAME (Type)	S.BAS	U =	MD	ADDRI		08pVal	D 1/2	2.10.1	
	T-100-	24A	BURIAL CREMATION REMOVAL (Specify)	, 248. DATE	24C, NAME OI	CEMETERY OF CRE	MATORY			City, town, or s	ounty! (Stote)	_
		1	UVIA/	2-20-1	Hobi	tus Me		AVK BE	Himore	· Me	1	
	This the showas was decountry.	23A.	DATE SECO BY HEN	1971 1604	MAME OF REGIS	TRAR D.	11/	NERAL DIRECTOR) H =	1/ 1000	ADDRESS 2121	7
	1	VS 1	50-REV. 1/1/68		, ,		13/6	OSTAGE Y	1/011 17-1	t,1101-	- LAUVeus	5

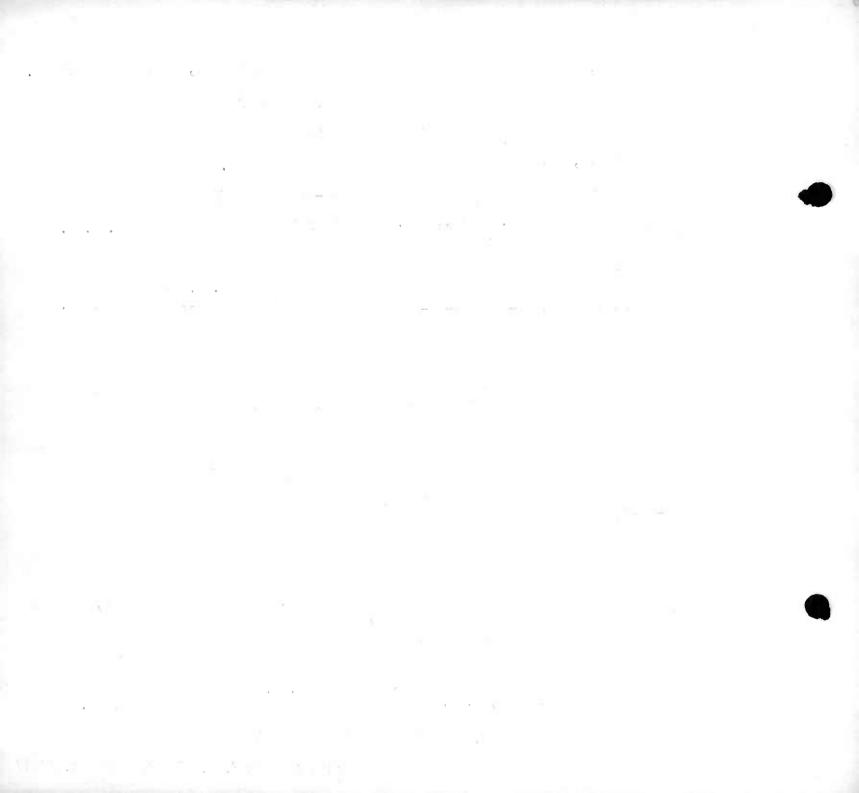


	71 1	043					RE CITY HE									
PI	TH NC.	040	MED	ICAL	. EX	AMIN	VER'S	CE	RTIF	CATE	OF	DEAT	H REG. NO	.71	1643	
1.	NAME OF DEC	EASED	John	Grah	am			2.	DATE OF	Known	[23]	Month	Day	Yeor	Hour	
4.	PLACE IN BAL	TIMORE, MA	RYLAND, Y	HERE PI	RONO	UNCED DE	AD	3.	DEATH	Lamino		Month	Doy	Yeor	Hour	M
HC	LL NAME OF SPITAL INSTITUTION	(IF NO ADDRE	T IN HOSPITA	LOR INS	OITUTIT	N, GIVE ST	REET	_		UNCED DI		2	15 lived. If instituti	71	13:00	· M
	3 Hopkins Hospital								STATE		yland		B. COUNTY	on: residence	- 64	ission
6.	6. SEX 7. RACE 8. MARRIED NEVER MARRIED															
	nale	colore		WIDOV			ORCED			Baltin				YES 🗌	NO 🗆	
9.	Sept 1		10. AGE (In lost birthda	yeors y)	If Und Month:	ler 1 Yr. If U s Doys H	nder 24 Hrs. lours Min.	E.		1716 1		on St				
11.	BIRTHPLACE (S	, - ,	n country)			TIZEN OF		13	. FATHER	SNAME						
	Leland,	North	Carol	ina	W	HAT COUN	A A RY?		Jo	hn Gr	aham					
14A don	.USUAL OCCU	PATION (Giv	s kind of work	14B. KIND	OF BU	JSINESS C	RINDUSTR	Y 15	MOTHE	R'S MAIDI	EN NA	ΛE				
	N/A	\							0ci	e Gra	ham					
16. (Ye	WAS DECEASI , no ar unknown)	ED EVER IN (If yes, give v	U.S. ARMED	FORCES	5?	7. SOCIAL SECURI	TY NO.	18	. INFOR				col umbia			
L	10								Rola	nd Gr	aham	5537	Harper			3
	19. E 88	OXI				CAU	ISE OF DEA	TH							MEEN ONSET	
		E OR COND		CTLY					C	ranio	cereb	ral i	njury			
		LEADING TO of meon the		ing, e.g.,			MMEDIATE O		SE							
13	heart foilure, injury or con	ot meon the , osthenio, etc nplicotion which	. It meons the ch coused dec	diseose,			001 10, 0K	MO 1-	CONSEQ	OLIVOL OI	•					
	A.	NTECEDENT	CALICEC													
		OR CONDITION		, GIVING		(B)_	DUE TO, OR	AS.	A CONSE	QUENCE C	F:					
-	UNDERLYIN	ABOVE CA	ON LAST.	ING THE		(c)										
Ô			П			(c).										
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL											
RT	20A. DATE OF					HICH OPE	RATION W	AS I	PERFORM	ED				21. AUT	OPSY? (Yes	or No)
C	21													yes		
V	22A. EXTERI UNDERLYING	NAL CAUSE			22B. PL	ACE OF I	NJURY (e.g.,	in o	or obout 2	2C. WHER	E DID (If in Soltimo	re Clly, give e	xoct location)	
0	UTING CA	USE OF DEA				ho	me		(2)	1716	E. Ma	adison		7-	04	
2	OF INJURY	(Month) (D	oy) (Year) (Hou	.	•	CCURRED	· Sant	2	2F. HOW	נאו מום	URY OCC	UR?			
	(APPROX.)	2 14	71 n	oon	m. WC	ORK _	AT Y	VORI	ILE X	fell (down	steps				
		Ify that I h	eld on 1	nquiry [Înspectio	n 🔲 Au	top	sy 🗓	ond the	at on th	ils basis,	death in m	y opinion		
	result	red fromt N	oturol cou	ses 🔲	Ace	Ident X	Suicio	ie [□ не	miclde [_		ined monner			
		100	VX.	1/10	1					CHIEF MEI	DICAL E	XAMINER				
	SIGNAT		VM	yv	Xo	8	M.D).	ASSI	STANT ME	DICAL E	XAMINER			DATE SIG	NED
	EXAMIN NAME (T	ER'S	erner	I. Sp	I Z	, M.D.			ASSO	CIATE ME	DICAL E	XAMINER Cal Ex	aminer	2,	16/71	
	A. BURIAL CREA	MATION, 2	48. DATE				CEMETERY						(City, tov			ote)
	Burial		2-21-7		LE	riends	hip Ba	pt	. Chu	rch C	eme	Lela	and, Nor	rth Car	rolina	
25	A. DATE REC'D	· ·	DEPT.	25B. N	IAME C	F REGIST	RAR			UNERAL				ADDRESS	212	217
	F	B 18	1971	abert	5 2, 1	Faller	Charles,	_	Mor	ton &	Dye	tt F.	H. 1701	Laure		
VS	151-REV. 1/1/68	3	-	1 0/1	04-	11 0	UU			0	4 6.0					

VS 150-REV, 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT





	i	BALTIMORE CITY HEALTH DEPARTMENT
	red ted ch	BIRTH NO. 71 1646 CERTIFICATE OF DEATH REG. NO. 71 1646
	deat deat ease in th	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH (151)
	5 + 9 o 4	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived, It institutions residence before admission
		A. STATE B. COUNTY
	F 40 B	FULL NAME OF LIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 2230 DRUID HOSPITAL OR ADDRESS OR LOCATIONI C. CITY OR JOWN D. INSIDE CITY LIMITS?
	cau use; tend	HARbor VIEW DURSING HOME CAH. BAITO. YES NO
	d iing ca ca rior	E. STREET AND NUMBER
	out lar p	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 16 Under 1 Yr. 16 Under 24 Hzs
	occu ontrib ermir regul sased	7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min.
		10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of lorging country)
	or condet in dec	Dollal Working lile, even if retired) Md. U.S.A.
	if de ect of 4) Ur was the posi	13. FATHER'S NAME
		Kinslow Saymond Unknown
AN	stantie di ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
RT	the the de de de fine	579-34-6265 Admission Kreord.
PORT	if if any any cod	18. CAUSE OF DEATH CERVIX APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W	lso, of of contract of the properties of the pro	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
_	Alsonon	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,
OR:	iner actu pre ular mbc	injury ar complication which caused death.)
5	mi mi fr fr ho ho egu	ANTECEDENT CAUSES (B)
143	3) A	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: ise to the above cause (A) staling the
DIR	ins ins	UNDERLYING CONDITION last (C)
	dicc dicc dicc dicc dicc dicc dicc dicc	To OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RA	m me	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
NER	a a body be be the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes, or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	by by Bhy bhy ore	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, larm, factory, street, allice bidg., INJURY OCCUR?
_	+= 0 0 0 0	OR CONTRIBUTING CAUSE OF home, larm, foctory, street, allice bldg., INJURY OCCUR?
	d by ture; t wh 6) No	DEATH (notify medical examined alc.) 21D. TIME (Month! (Doyl (Year (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At D Not While D
	ho h	(APPROX.) While At Not While At Work
	the ny ex an	22. I certify that (I) (this hospital) attended the deceased fram 19 7 ta 2/0 19 //
	of a of a a of a l	that (1) (we) last saw the deceased clive an 1971 and that in(my) (aur) apinion death accurred an the date
	assed to dent of ospital death) must be	and haur and fram the causes stated obave. (1) (We) (dld) (did not) view the body ofter deoth.
	SPOPE	23A. SIGNATURE Attending Med. Staff Director Phys. 23B. DATE SIGNED 23B. DATE SIGNED 21071
		23C. PHYSICIANS
		NAME (Typel JUSEPH S. BLUM /// ALVERT ST.
	# XE YES	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER OF CREMATORY 24D. JOCATION (City, town, or county) (Stote)
	his certiform body hows: (1) as D.O. eccased	Burial, 2-15-71 Lincoln lark Cemeter Rockville Monta MID
	This certified shows: (was D.C decease written	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR
	F 2 2 2 2 3	VS 150-REV, 1/1/68
		TO (30-NLT) (/ 1/00

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 1/1/68

24B. DATE

2-13

24C. NAME of CEMETERY or CREMATORY

Incoln

25B NAME OF REGISTRAR

24D. LOCATION

25C. FUNERAL DIRECTOR

(City, town, or county)

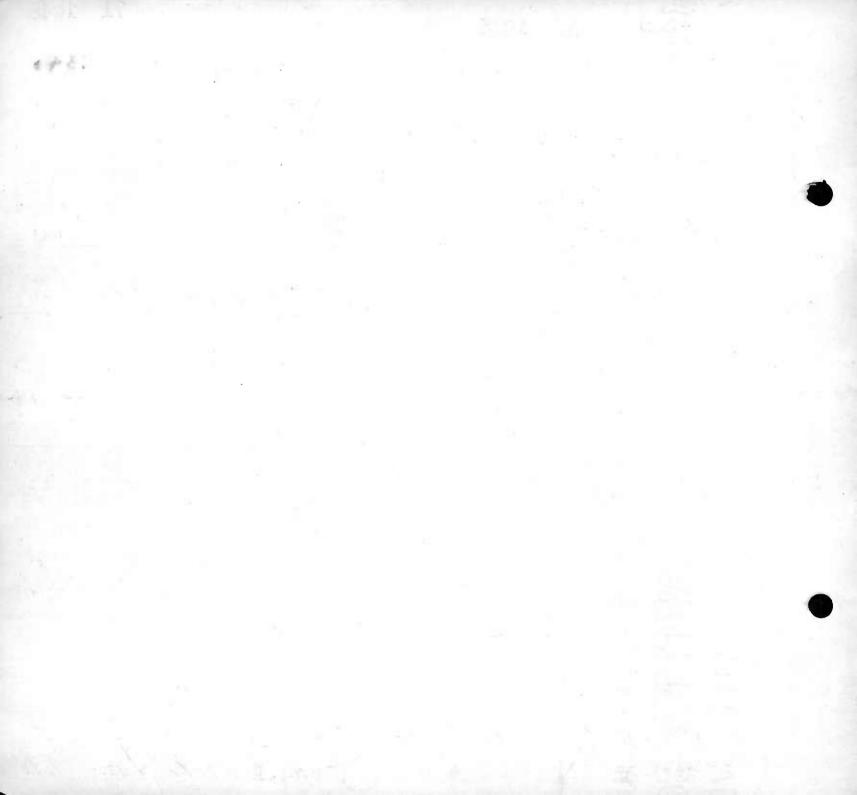
Monta

ADDRESS

(Stote)

Md

1281-6-4 2 UnKaewa Fannie Fleteler Lakeren Bureins 2-13-71 Lincoln Hork Com. Flackeile, Woody Ald. theetol franche beetole high



	4-55	0	MED	_		AMINER'S			OF	DEAT	H are we	71	1649
BI	RTH NO.										REG. NO		
	NAME OF D	ECEASED		icha LOWM		THE RES	2. DATE OF DEATH	Known Estimot		Month	Day	Year	Hour
4.	PLACE IN B	ALTIMORE, M	ARYLAND, Y	WHERE F	RONOUN	NCED DEAD	3. DATE			Month	Doy	Yeor	Hour
FU	LL NAME OF	(IF N	OT IN HOSPIT	AL OR IN	STITUTION,	SIVE STREET D		OUNCED DE		2	13	1971	10:25 a
	33.	Johns H	opkins	Hosp		3-22-71	A. STATE	Md.	(where	deteosed	B. COUNTY	ngton	7/-
6.	male	7. RACE Whi	to			NEVER MARRIED	C. CITY O		n		D. INSIDE C		
9.	DATE OF BIR		10. AGE (I		WED	DIVORCED		erstow			1	YES 🔏	ио Ц
5	ept.6,1	901	lost birthdo	(Y)	Months	Doys Hours Min.		/M		Alle.	Street	-	
	BIRTHPLACE		ign country)		12. CITIZ		13. FATHE						
	Hagers	stown, Mo	t.		WH	COUNTRY?	R	ou C		Lou	man		
14/	USUAL OCC	UPATION (G	ve kind of work	14B. KIN	OF BUS	INESS OR INDUSTR	Y 15. MOTH	ER'S MAIDE	NNAA	AE .			
	Salesn		ven memeaj	Educe		al Marketin	is E.	lizabe	th K.	iehl I	ownin		
16.	WAS DECEA	SED EVER IN	U.S. ARMET	FORCE	\$? 17.	SOCIAL SECURITY NO.	IB. INFOR					ADDRESS	
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	19. E8	73.	0	443		CAUSE OF DEA						Al	PROXIMATE INTERVAL ZEEN ONSET AND DEAT
	DISEA	SE OR CON		CTLY			D.,	ouman i					
	(This does	not mean the		ring, e.g.,		(A)IMMEDIATE	AS A CONSE	eumoni					
	heort failu	re, osthenta, et omplication wh	c. It meons the	diseose,		DOE 10, OK	AS A CONSE	QUENCE OF:					
	ahrania auhdural hamahama												
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE Chronic subdural hematoma DUE TO, OR AS A CONSEQUENCE OF:												
	RISE TO T	HE ABOVE CA	AUSE (A) STA	TING THE		002 10, 0 K	A0 A C0113	WOLINCE O	•				
Z	UNDERLI	ING CONDI	HON LASI,			(c)							
CERTIFICATION	OTHER SIG	NIFICANT CO	II INDITIONS C	ONTRIBL	TING								
SE	TO THE D	EATH BUT NO	T RELATED TO	THE TERM	MINAL	,				***************************************			
ERT	20A. DATE					CH OPERATION W	AS PERFOR	MED				21. AUTO	PSY? (Yes or No)
O,	2											V	es
S		RNAL CAUSE			22B. PLAC	E OF INJURY (e.g.,	tn or obout	22C. WHER	DID (If tn Boltimo	re City, give ex		0.00
0		GEOR CON				m, foctory, street, offic Street - New	Jersey			inia	New Jer	sey	21
Σ	OF INJURY	(Month) (Doy) (Yeor	r) (Hou	r) 22E.II	NJURY OCCURRED	Tubnpi	22F. HOW I					
	(APPROX.)	9-24-	ZL=1970	?	m. WHILE	AT MY	WHILE VORK	Pedest	rian	struc	chicle by tr	uck	by a truc
		rtify that I i	neld gn	agulry] In:	spection Au	topsy 🔀	ond tha	t on th	is basis.	death In my	oninion	
		Ited from: J) —		lent X Suici		omicide [7		ned manner		
				12		/		CHIEF MED					
	ACTUA		1//	mi	1.	har	ASS	ISTANT MED			\overline{x}		DATE SIGNED
	SIGNA			114	1000	M.E		CIATE MED					
	NAME		Inidor	e Mil	nalak	is, M.D.	ASSI	CIAIE MED	IICAL E	CAMINER			2-14-71
24 RE	A. BURIAL CR	EMATION,	24B. DATE		24C. N	AME of CEMETERY	or CREMAT	ORY	24D. L	OCATION	(City, tow	n, or county)	(Stote)
	Buri		2/16/	71	Res	st. Haven Ce	meteru		Har	rerato	wn-Wash	inaton	-Md-
25	A. DATE REC'					REGISTRAR	25C.	FUNERAL D	IRECTO	2//20	G. Hors	DORESS	
1	FRIO	13/1	2000		7	10	Re.	st Have	en Ji	meral	. Chapel	Hager	stown, Md.
VS	151-REV. 1/1/	6B N	1	1 CV 2	12)	1 0		63 64	1.1				

Letter from M.E.'s office 3-22-71 M.H.



	1	8 BALTIMORE CITY HEALTH DEPARTMENT 71 1651
	ath sed the uch	5 CERTIFICATE OF DEATH REG. NO. 1 1651
	O D N	1. NAME OF DECEASED (Type or Print) AFNRY T. PANIEC PT 2. DATE AND HOUR OF DEATH (Type or Print) AFNRY T. PANIEC PT 2. DATE AND HOUR OF DEATH
	hospital and lse of death (5) Deceased ance on the death. Such	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased yield. If institution: residence before admission)
	5 0 0	A. STATE
		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) STREET 327 5
	c 32,	CHURCH HOME AND HOSPITAL BALTIMORE YES IN NO
	D L .	337 S DUNCANST 1-05
	occurre ontribut ermined regular eased p is made	5. SEX 6. RACE 7. MARRIED MEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lif Under 1 Yr., lif Under 24 Hrs. Months; Days Hours; Min.
	occont ont reg reg	M WIDOWED DIVORCED 1 30 / 19 51
	th of a	done during most of working life, even if refired)
	dea Und as i	MACHINE OPERATOR BOTTLING O MARYLAND U.S.A.
=	direct o direct o ; (4) Un th was on the disposit	HENRY KANIE CKT FRANCES PIENTZ
IMPORTANI		15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. ADDRESS (W) = 5)
R	発表する。	100 ARS. LA VERNA KANIECHT
9	his as so, if any inced enda	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
X	. 40 2 2 9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
••	er. A cture prono lar at	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the discose, injury ar camplication which caused death.) (A) IMMEDIATE CAUSE FINE UMD N) A DUE 10, OR AS A CONSEQUENCE OF:
IOR	fra fra em	AMPRICA
ECT	×an ×an ×an ×h ×h	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the
DIR	al an su in	UNDERLYING CONDITION lost. (C)
7	medical nedical burns; physicia an was remain	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RA		TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FUNERA	chief gan Body the p ysicic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F	the call by (2) E ere to phy efore	IOP CONTRIBUTING CAUSE OF
		DEATH (nofily medical examines) [etc.]
	ot at (6)	21D. TIME (Month) (Doy) (Yeor (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	he he had no was a no was a no was a no b tail	22. I certify that (I) (this hospital) attended the deceosed from 2 5 19 7/ to 2 1/6 19 7/
	f an f an (e)	that (5) (we) lost sow the deceased olive an 2 1/5 19 7/ ond that in (my) (our) opinion death accurred an the date
	be the pital pital eath	and hour and from the causes stated above. (Me) (did) (did not) view the body after death.
	ust be dent dent dear	23A. SIGNATURE
	rele acci a h r to	23C. PAYSICIAN'S NAME (Type) 123C. PAYSICIAN'S NAME (Type) 23D. ADDRESS 123D. ADDRESS 123D. ADDRESS
	certificate sody was r rs: (1) An a D.O.A. at a ased prior	A SAMAD MD Church Howe V 1/3 Bulliume
	P O O D D	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel
		BUKIAL 2/20/71 - OUDON PARK CATONS VILLE MO. 4 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR. ADDRESS
	the show was dece	FEB 18 1071 Robert & January 10 0 0 10 10 10 WEBER & SONS S. CHESTE
		VS 50-REV. 1/1/68

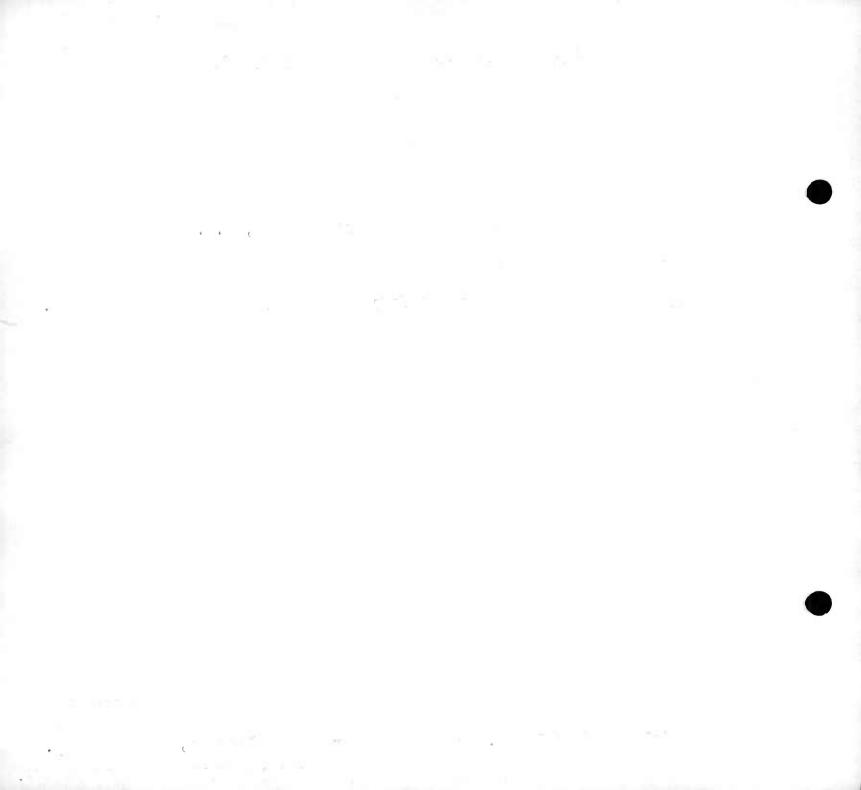


BALTIMORE CITY HE	ALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG, NO.71 1652
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) PERCY COATES	2. DATE Known 12 Month Doy Year Hnur OF DEATH Estimoted 2 14 71 5:10 p.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FILL NAME OF THE PROTON HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 2 14 71 5:10 p. M.
OR INSTITUTION 4-2-71	5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission) A. STATE B. COUNTY
University Hospital	Md. 4,02
MARKIED NEVER MARKIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (in years H Under 1 Yr. H Under 24 Hrs.	Balto. YES NO
April 12,1900 (ast birthdoy) Months Doys Hours Min.	661 W. Mulberry Street
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Balto. Md. WHAT COUNTRY?	Kent Ceates
14A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY done.during most of working life, even life tired.	
	Carrie Thomas
(Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO 10.	D James Ceates 717 W. Fayette St.
19, D44 4 9 CAUSE OF DEA	
0,01,1	atty metamorphosis of liver
LEADING TO DEATH	71-17
mean foliate, asinemo, etc. il means the disease,	AUSE EPILEPSY IS A CONSEQUENCE OF:
injury or complication which caused death.)	사람이 된 장이라는 반대 없었습니다.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
(c)	***
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
J Old Comment of the	yes
228. PLACE OF INJURY(e.g., home, form, foctory, street, office uting ☐ CAUSE OF DEATH.	In or about 22C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED.	22F. HOW DID INJURY OCCUR?
(APPROX.) M. WHILE AT WORK AT W	WHILE D
23. I certify that I held an Inquiry Inspection Aus	TV and show a shift hard- dead to the
resulted from: Notural courses Accident Suicid	
Accident Sorter	CHIEF MEDICAL EXAMINER
SIGNATURE MUNUM M.D	ASSISTANT MEDICAL EVAMINED TO DATE SIGNED
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER 🖾 2/15/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 2/19/71 Arbutus Men	orial Park Arbutus Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FEB 18 1971 Valley E. Jarben 49	Millians Fely 13 M Hours 31991 John Sol
VS 151-REV. 1/1/68	The state of the s

IMPORTANT

DIRECTOR:

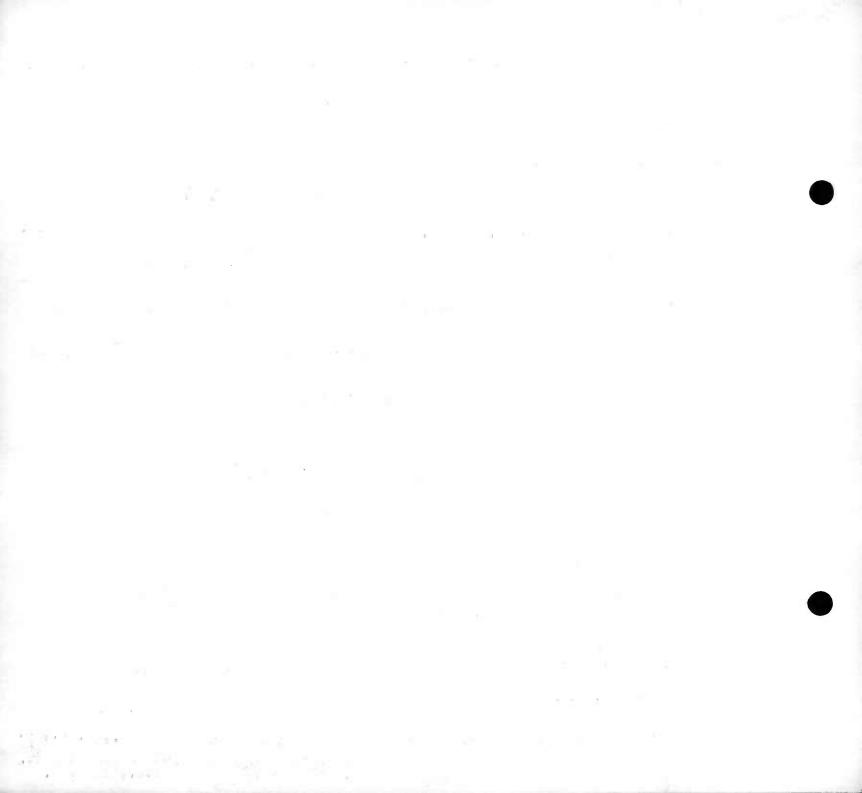
FUNERAL



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	TUOA	MED	ICAL	EXAM	MINER'S	CERTIFIC	CATE	OF DE	EATH .	EG NO	71	165	14
BIRTH NC.		,							•				
1. NAME OF DE	CEASED	(RICHA		23	IG)	2. DATE		7	nth	Day	Yeor	Hour	
A DIACE IN DA	ITIMORE M	Rich		Lang		DEATH	Estimote						М.
4. PLACE IN BA				131/0/101		3. DATE	JNCED DEA		onth	Doy	Yeor	Hour	
HOSPITAL	ADDR	OT IN HOSPITA ESS OR LOCA	TION)	IUIION, GIV	ESTREET	I ROMOL	NACED DES		2 1	5	71	12:01	1 рм.
OR INSTITUTION						5. USUAL RE	SIDENCE	(Where dece	ased lived, t	Institution:	residence b		
27	Joh	ns Hopk	ins H	ospita	1	A. STATE	Marylar	h	B, C	OUNTY	1	-01	
6. SEX	7. RACE				ER MARRIED	C. CITY OR		.ru	D. 1	NSIDE CIT	Y LIMITS?		-
male	whit	9	WIDOW		DIVORCED [Baltimo	240			s 🖺		
9. DATE OF BIR		IO. AGE (in	vears	If Under I Ve	If Under 24 Hee	E. STREET A				YE	21	ио Ц	
July 23	19/2	lost birthdo	y) /	Months Doy	Hours Min.					71	2700	A	
11. BIRTHPLACE		an country)	28	i 2. CITIZEN	OF.	I PATHEN	132 N.	. Potor	mac St	<i>,</i> #	21224	4.	
			'		DŲŅTŖY?	13. FATHER							
The same of the sa	,	Md.		U	a De Ae		M	ilton	Lang				
14A.USUAL OCCI done during mast of	JPATION (Gi warking life, e	ve kind of work ven If retired)	14B. KIND	OF BUSINE	SS OR INDUSTR	15. MOTHER	S'S MAIDEN	NAME					
Unemy	ployed		S	alesma	n		G	ertrud	le Hal	1			
16. WAS DECEA				17. SO	CIAL	IB. INFORM					DRESS		
(Yes, no ar unknows	i) (ii yes, give	wor ar dotes	- service)	217	-40-1830	Jeans	tte L	ano		S	ome		
19.	111 3				CAUSE OF DEA		7000 1	CH16		N.		PROXIMATE IN	TERVAL
20	171										8ETW	EEN ONSET A	ND DEATH
DISEA	SE OR COND LEADING TO	OTION DIREC	CTLY										
(This does		mode of dyl	lng a g		(A)IMMEDIATE			injur:	ies				
heart fattur	e, osthenia, et	c. It meons the	disease,		DUE 10, OR	AS A CONSEQU	UENCE OF:						
miloty di co	inpirculon wit	ich coused dea	in.)										
A	NTECEDENT	CAUSES			/R)								
DISEASES	OR CONDIT	ONS, IF ANY	GIVING		(B) DUE TO, OR	AS A CONSEC	UENCE OF	:					
LUNDERIY	NG CONDIT	ION LAST.	ING THE										
8					(c)								
OTHER SIG	NIFICANT CO	II NDITIONS CO	NITPIRITI	NG									
U TO THE DE	ATH BUT NO	RELATED TO	THE TERMIN	IAL									
20A DATE O		GIVEN IN PA		- D 11/11/01/	OPERATION WA								
E ZOA. DATE O	r OPEKATIO	14 20b. CON	IDIIION F	OK WHICH	OPERATION W	AS PERFORM	ED				21. AUTO	PSY? (Yes o	ir No)
122											ve	S	
S 22A. EXTER	NAL CAUSE		22	B. PLACE C	F INJURY (e.g., affice	tn or about 22	C. WHERE	DID (il in B	oltimore City	, give exoc	t location)	1	AJ:
UNDERLYING UTING C				stre	eet	bidg., etc.) iiv	300 S.	Linwo	ood Ave	e. nea	r Pra	tt St.	OOL
≥ 22D. TIME		Doy) (Yeor) (Hour)	22E.JNJU	RY OCCURRED	1 22	F. HOW D			o noc		CC DC.	
OF INJURY (APPROX.)	2 12	2 71	7:15pn	WHILE AT	NOT	WHILE P			1. 1				
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	elfy that I h	eld on Ir	aules	Inspec	esten 🗆 A	topsy 🛣	and show	461- L					
									asis, deat				
resul	ted from:	lotural caus	192 L	Accident	Suicid	le 🔲 Ho	micide 🗔	Unde	termined n	nanner			
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EXAMIN	IER'S			10			CIATE MEDI	CAL EXAMI	NER [
NAME (Type) Q	erner U	. Spi	z, M.I) . I	eputy C	hief M	[edica]	Exam:	iner	2/	16/71	
24A. BURIAL CRE	MATION,	4B. DATE		24C. NAME	of CEMETERY			24D. LOCA			or county)		te)
REMOVAL (Spec		2-19-7	77.	Sacr	red Hear	t Cemet	ans:	7401	Germar	и на 11	DA.	Be Co	. Ma
25A. DATE REC'D				ME OF REG			-						
CED	1 0	20		-	4	23C. FI	UNERAL DI	RELIOR	90:	I S. AD	Jonk 1	ing St	•
FFB	10 197	1 1000	J. E. V	aber, 1	T. C.	letin	wee A	Leiler		lto.,			
	101		1	·	0	Igria	THE WAY	11.0	Der.	TANO	C1CC4.	BILLE	

50-49-26	BALTIMORE CITY HEALTH DEPARTMENT
hospital and use of death (5) Deceased dance on the death. Such	BIRTH NO. 71 1655 CERTIFICATE OF DEATH REG. NO. 71 1655
alea alea	1. NAME OF DECEASED (Type of Print) GEORGE V. KRUEGER) 2. DATE AND HOUR OF DEATH GEORGE V. KRUEGER) 1. DATE AND HOUR OF DEATH
f d f d or	rebruary 17, 19/1 8:45 A.
hospital se of c (5) Dece ance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) 8. COUNTY
ho use dan de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland Address or Location)
cau cau use; tend	D. INSIDE CITY LIMITS?
l in a ng cause; cause; artend	Baltimore City Hospitals 4940 Eastern Avenue Baltimore E. STREET AND NUMBER
T.=_ L.	D-11:
F 2 0 8 " D	5. SEX 6. RACE 7. MARKET ST.
T Se Se	Male White WIDOWED DIVORCED 1-12-95 MARRIED NEVER MARRIED 6. Date of sixth 19. AGE (in years lost birthdryk 76 Months; Doys Hours Min,
0 0 - 0 -	10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OF INDUSTRY 11 BIRTHEI ACE (CLASS OF INDUSTRY 11 BIRTHEI ACE (CLASS OF INDUSTRY 12 BIRTHEI ACE (CLASS OF INDUSTRY 13 BIRTHEI ACE (CLASS OF INDUSTR
eath or o ndet s in dec	done during most of working life, even if relired) Retired Stand. Oil Co. Maryland 12. CITZEN OF WHAT COUNTRY? U.S.A.
de de as	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
NT nt if death direct or c ; (4) Undet th was in in the deci	August Krueger Johanna Buettler
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
TAI tista the kind dea dea ce	BCH: Records 4940 Eastern Avenue
OR if t if t if t if t iny iny ied dan or fi	18. 215-05-5154 Baltimore, Maryland 21224 CAUSE OF DEATH APPROXIMATE INTERVAL
APO his a so, if an once endo	DISEASE OR CONDITION DIRECTLY
or hi Aiso re of noun atte	LEADING TO DEATH CAMMEDIATE CAUSE COUNTY Varences Helidest 2 weeks
	heart lailyne, asthenia, etc. It means the disease
3 5 6 5 5	injury ar camplication which caused death.)
	ANTECEDENT CAUSES (B) Cerebral Atterorally orn
m 9 x 6 2 6	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the
= 0- 00 E	UNDERLYING CONDITION last. (c)
We will work	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Q
ERAL Defined ica medica who burns; physici cian was he remained in the remaine	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL PROPERTY OF CONDITION GIVEN IN PART 1 (A).
e chief a by a m 2) Body by body body body body body body bod	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DELLA DEL
FUN he ch by (2) Bo re th phys	NO IN CERTIFYING CAUSES OF DEATH?
- 4-0 % T%	OR CONTRIBUTING CAUSE OF home, form, foctory, steet, affice bldg, (INJURY OCCUR?) (If In Baltimare City, give exocl lacation)
\$ 5 € 5 × Z q	DEATH (notify medical examiner) etc.) D 21D-TIME (Month) (Day) (Year) (Hour) 21E-INTIRY OCCURRED 21E-HOW DISTRIBUTED 21E-HOW
hosi natu d (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 21F. HOW DID INJURY OCCUR?
0.00	Work At Work
pproduction of the control of the co	22. 1 certify that (1) (this hospital) attended the deceased from 1/26/71 19 to 2/17/71 19
한 구 의 등 근 역	that (1) (we) last saw the deceased alive an 2/17/71 19 and that in (my) (our) opinion death occurred on the date
ust be pased dent deat must	and haur and from the causes stated abave. (1) (We) (did) (did not) view the body after death.
S D D D E	23B. DATE SIGNED
E 0 0 0 1 0	DEGREE Phys. Director Phys. S
was An An An An An at	William Hunt, M.D. Baltimore City Hospitals
certificates ody was 75: (1) An G.O.A. at assed priore	4940 Eastern Avenue Baltimore, Marydand 21224
body ws: (I D.O.O.O.	REMOVAL (Specify)
This ce the books shows: was D. deceas	Burial 2-20-71 Sacred Heart Cemetery 7401 German Hill Rd., Ba.Co., Md.
This certif the body shows: (1) was D.O.A deceased	SED 19 S. Convering St.
	VS 150-REV, 1/1/68 Balto, 21224, Md.

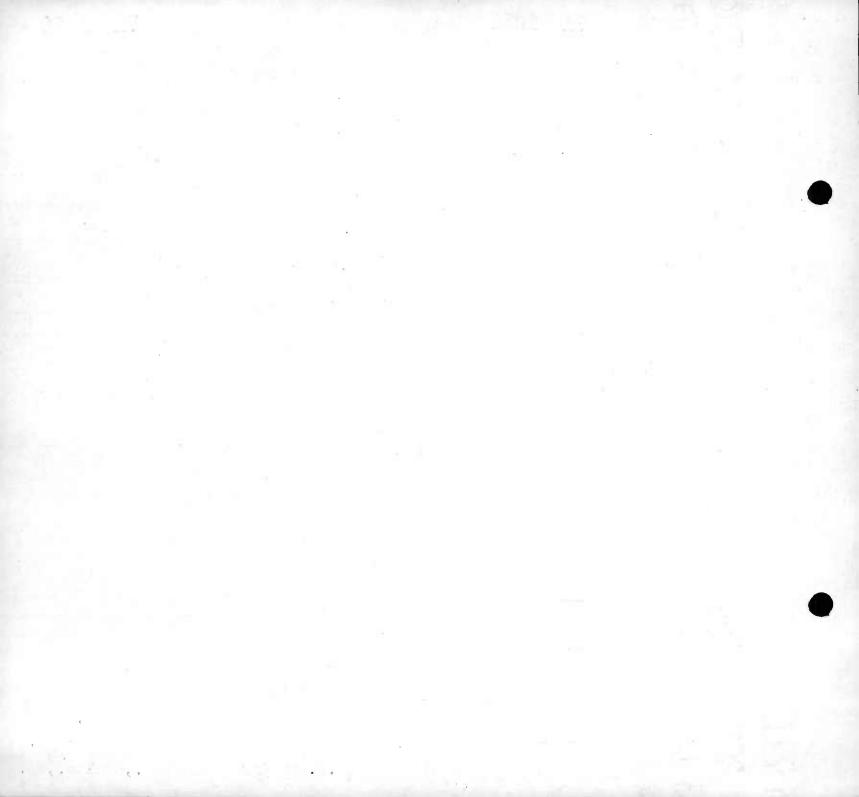


V\$ 150-REV.

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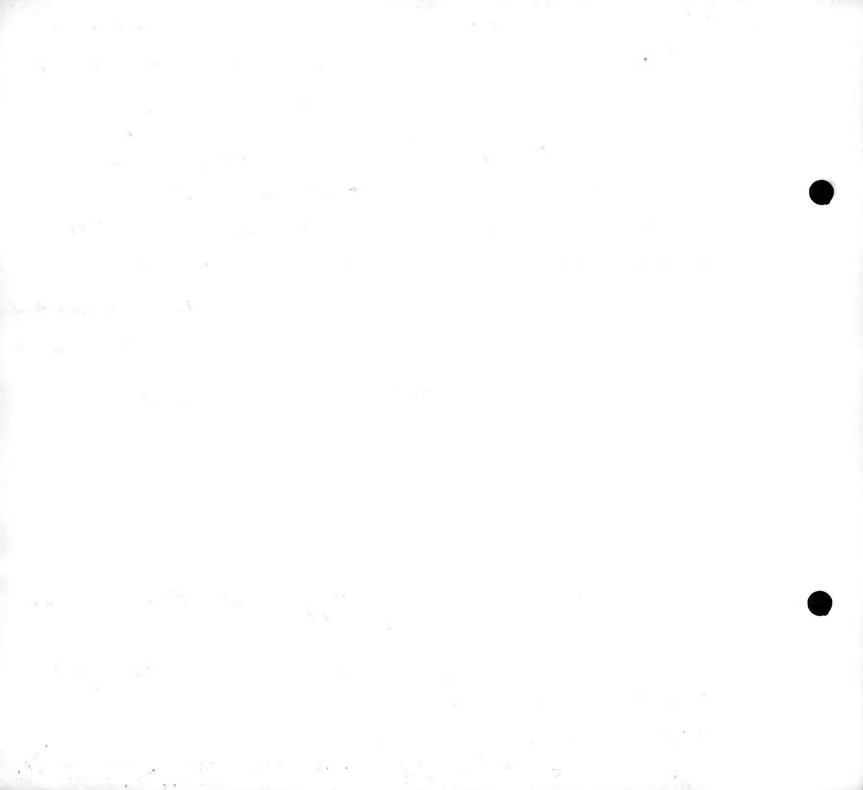
FUNERAL DIRECTOR:

		HEALTH DEPARTMENT		
71 1656	CERTIFICA	TE OF DEATH	REG. NO	71 1656
ASED		2. DATE AND	HOUR OF DEATH	
FRET A. HICKS		i6 Fr	BALBAT 1	971 Acason 12 Am.
MORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNTY	eceosed lived. If insti	lution: residence before odmission)
(IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSID	12-01
UNIVIEDSITY		BA TIMOATE		YES NO
16 PL WW 2191	8	E. STREET AND NUMBER	RSITY PA	alund
RACE 7. MAADD	ED NEVER MARRIED	B. DATE OF BIRTH 19. A	AGE (In veors	
WIDOW	= =	26 NOV 1895 lost	birthdoy) 75	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
orking life, even if retired)		MD.		USA
E		14. MOTHER'S MAIDEN NAME		
NO A. MEYER		JOSEPHINE F	EVANS	
ver in U. S. Armed Forces? If yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	213-48-6061	HUSBAND - F.F. 1	41045	SAME
.31	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OR CONDITION DIRECTLY		1, -, 1,0	E 00 1/17	1
t mean the made of dying, of sthenia, etc. It means the disect lication which caused death.)	, , ,	SE VBUTRICULAR A CONSEQUENCE OF:		
NTECEDENT CAUSES	(-000	NORY ARTIER	Y DISMA	SE SIVERAL
CONDITIONS, if any, giv	DUE TO, OR AS	A CONSEQUENCE OF:		
abave cause (A) stoting				
CONDITION last.	(C)			
II ANT CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE TERMING NOTION GIVEN IN PART 1 (A).				
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE FIN N CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i		(If in Boltimore	City, give exoct locotion)
ING CAUSE OF nedicol exominer)	home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?		
Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
	While At Not While Work At Work	e 🔲		
hat (I) (t his bespit al) attende	ed the deceased from	7 OCTOBBR 19	77 to 16	FBB 1971,
				on deoth occurred on the date
from the couses stated above	e. (I) (WE) (did) (did-nor) v	iew the bady ofter deoth.		
1.1				23B. DATE SIGNED
8 - Theles	ALD . DEGREE Phys		ff	16 PEB 71
rs cel –	11.	3501 ST PA	11. ST.	BALTO, MD.
	NAME of CEMETERY OF CRE			, town, or county) (Stote)
ecify)				
Y HEALTH DEPT 258-NAM	ruid Ridge AE OF REGISTRAR	25C. FUNERAL DIRECTOR	esville	ADDRESS .
Mober & Japon	Transfer CO	H.W. Jehkins	& Sons Co	o., Balto., Md.



DIRECTOR:

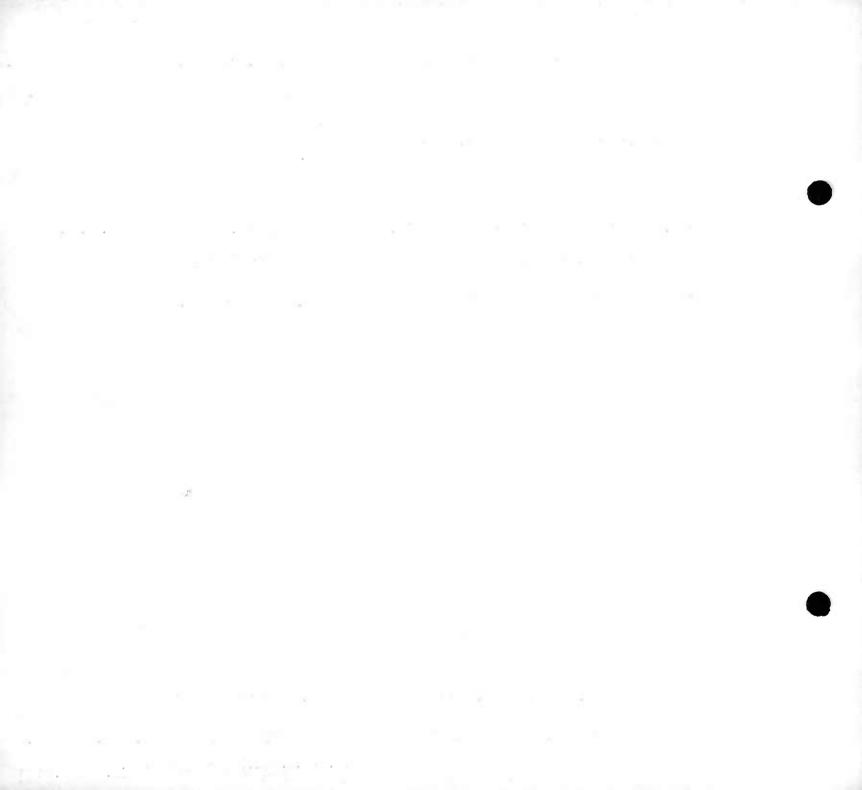
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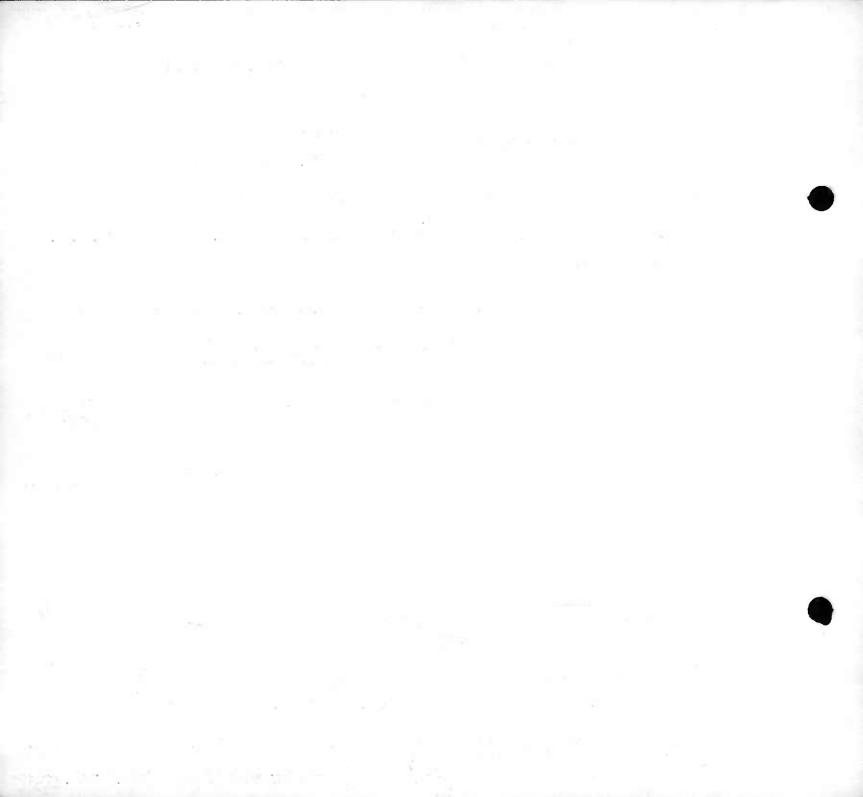
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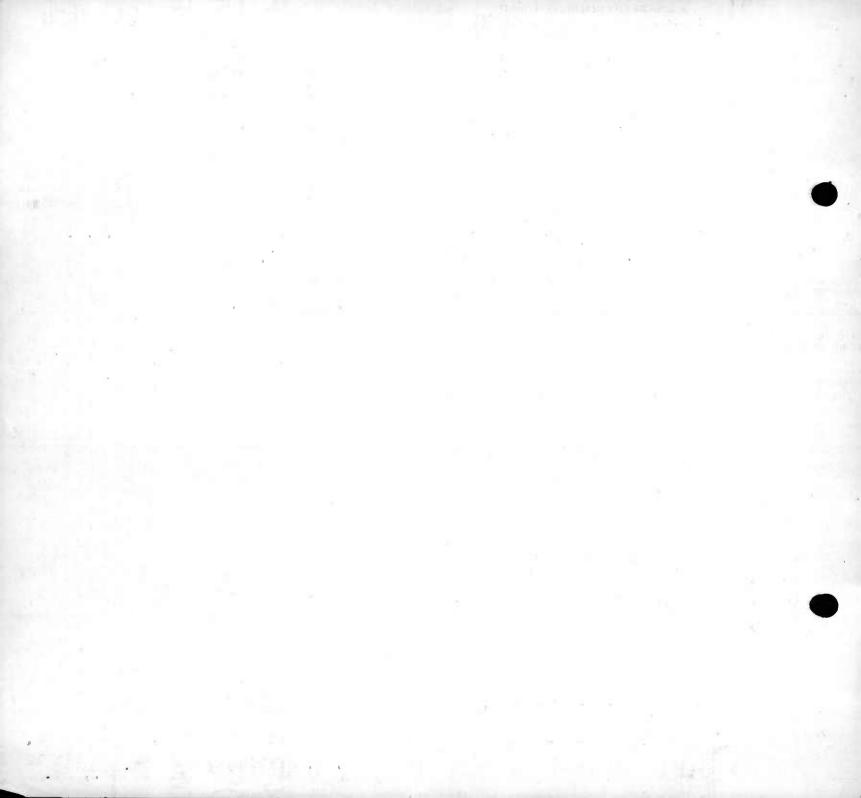
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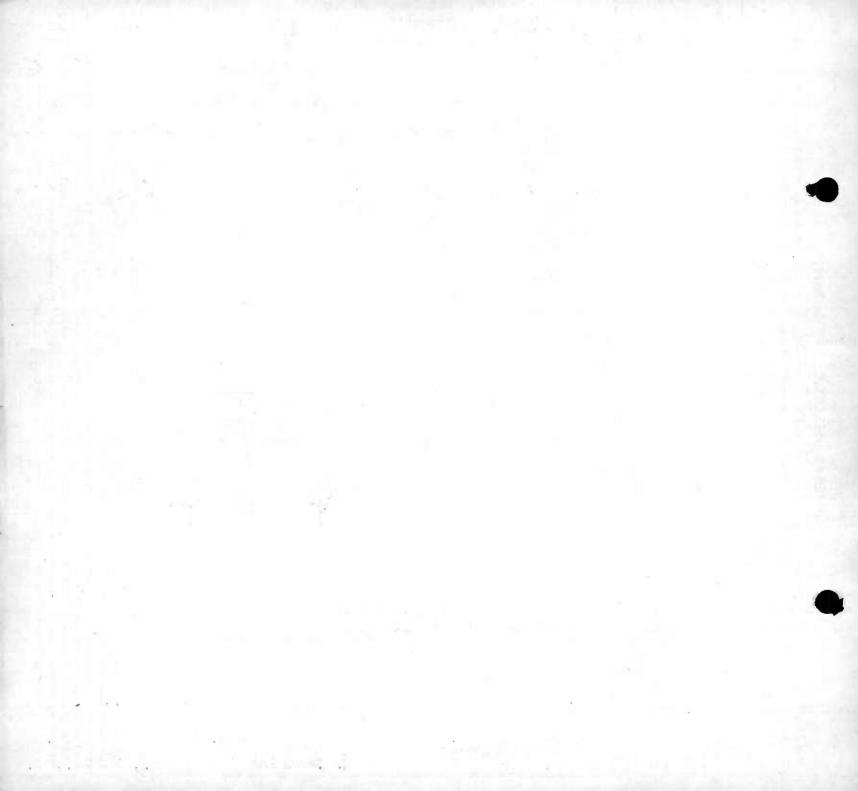
FUNERAL DIRECTOR: IMPORTANT

	11 100				HEALTH DEPARTMENT	. /	74 1000				
BID	-45Q	int at 171	168	CERTIFICA	TE OF DEATH	REG. NO	1 TP00				
	AME OF DECE	ASEDAL		11 0	2. DATE A	NO HOUR OF DEATH					
	ne ur	ICALAMA	, ><	cott C,	((2/1	7 M. stitution: residence before odmission)				
3. F	PLACE IN BALT	IMORE MARYLAND, W	HERE PRON	OUNCED DEAD	A. STATE B. COUL	NTY	10 -				
FU HO	LL NAME OF	(IF NOT IN HOSPITA	AL OR INST	ITUTION, GIVE STREET	Maryland	Baltimore	DE CITY LIMITS?				
INS	Noitutin	. Itenking	Labora	61	Cockeysvil		YES NO				
	10000	(0)	e i Oili	(take)	E. STREET AND NUMBER						
	33				200 Duke o	f Kent Lan	е				
5. S		6. RACE	7. MARRIEI	D NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (In years lost birthday)	tf Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.				
	lale	White	WIDOWE		3/1/67	3					
		PATION (Give kind of work rorking life, even if retired)	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?				
	None				Fairfax, V	irginia	UZS.A.				
13.	FATHER'S NAM	1E			14. MOTHER'S MAIDEN NA	ME	tori na _{recold} dugi yakibda.				
R	Richard	Kalama			Barbara	yers					
15. Yes	Was Deceased s, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	No				Mr. Richard	A. Kalama	Same				
	18. 746	.7 1		CAUSE OF DEAT	Ĥ		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		E OR CONDITION DII LEADING TO DEATH	RECTLY		(0)	(1/. (3				
		al mean the mode of	dying, e.g	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	1 Iteert	3 years				
		osthenio, etc. It meons plication which caused		e,	()-c	ecce	the second secon				
	Α	NTECEDENT CAUSES		De la constant de la							
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:										
		above couse (A)	stating th	ie (c) Da	un's synd	nome					
	_	П		(9/2222							
NO.		CANT CONDITIONS CO									
ATIO	DISEASE OR CO	H BUT NOT RELATED TO TONDITION GIVEN IN PAR	T I (A).		TOO A ALLYONOVA (Von or N	In) 200 Is yes were	EINDINGS CONSIDERED				
ERTIFIC	19A. DATE OF	OPERATION 198. CON		R WHICH OPERATION	NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
CER	21 A. ACCIDEN	T WAS UNDERLYING] 2	B. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltimor	e City, give exoct location)				
AF	OR CONTRIBU	TING CAUSE OF medical exominer)		ame, larm, factary, street, a tc.)	ffice bldg., INJURY OCCUR?						
DIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 2	1E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?					
×	(APPROX.)			While At Not While Nork At Work	e 🗍						
	22 Logstify	that () (this haspital			10 = 2/17	1971 to 11	2/17 1071				
				0 / . 7	19_7_(and t		nion death occurred on the date				
	thot/()/(we) last saw the deceosed olive on										
	23A. SIGNATŲ			23 B. DATE SIGNED							
	14	S Willi	nu-C	Phy	nding Med. Director	Staff Phys.	2/17/71				
	23C. PHYSICIA NAME (T)	N'S		DEGREE	23D. ADDRESS						
	IAWINE (1)	H. S. Wil	liams	M.D.	The Johns	Hopkins Ho	spital				
24/	REMOVAL (S	MATION, 248, DATE		NAME of CEMETERY OF CR	EMATORY 24D.	***	ty, tawn, ar caunty) (Stote)				
	Burial	2-19-1	1971	Dulaney Val	ardens	Timonium	Md.				
25/		PICHEALTH DEPT.	258 NAM	E OF REGISTRAR	2SC. FUNERAL DIRECTO		Co ADDRESS 21212				
	EB 10	1977 Valent &	1000	A	Hr W ASOS	York Road	Balto. Md.				
110	100 DEV/ 1/1/6	9		*							



FUNERAL DIRECTOR: IMPORTANT

1	-516	BALTIMORE CITY	HEALTH DEPARTMENT	1	Prof.					
BAR	THE CASE NO MARANITA DE 166:	CERTIFICA	TE OF DEATH	Registered No	71 1661					
	IAME OF DECEASED	,	2. DATE AN	ID HOUR OF DEATH	1000					
	De of Print ARLES SAMU	el LAMBER	07 2.12	1.71	1713 PM.					
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceosed lived. If inst TY	titution: residence before odmission)					
	FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location) NSTITUTION		C. CITY OR TOWN (If our	COUNTY diside city limits, write RL	DEPARTMENT JRAL ond give township)					
	NSTITUTION CHILDREN'S HOS	PITAL INC	ot .S	DO DAY SE	RUIDE, MD.					
	93		D. STREET ADDRESS (IF	rural, give location)	65-00					
5. 5		RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Hours Min.					
	M CAU. Neve	R MARRIED	7,29:70		6/2					
	USUAL OCCUPATION (Give kind of work 10B, KIN) during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	1 2 2 2 2 2 2 1 1	gn country)	12. CITIZEN OF WHAT COUNTRY?					
			IN AS WITH A	ENGTON HOSE						
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME						
	UN KNOWN		Made Tim.	1 2	0.000					
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	HBCIH -	ADDRESS					
(Te:	s,no or unknown) (If yes, give war ar dates of servi	SECURITY NO.	D. A							
-4	18. 7 L 9 G 1	CAUSE OI	TATIENTS CH	APT	INTERVAL PETWEEN					
	DISEASE OR CONDITION DIRECTLY	CAUSE OF	PUENT		ONSET AND DEATH					
	LEADING TO DEATH	B	16,40,00 m	11010-00-01	12 KILLSV					
	(This does not mean the made of dying,			vecyncyn						
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)									
	ANTECEDENT CAUSES	(B)	allype Con	genilal	6 Months					
	DISEASES OR CONDITIONS, if any, gir	ving	anomalie	20						
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.									
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.									
	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?					
ERTIFIC	2 WAS PERFORMED		yes	IN CERTIFYING CAU	SES OF DEATH?					
CAL CI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21 B. PLACE OF INJURY (e.g., in home, farm, factory, street, off etc.)	fice bldg., INJURY OCCUR?	(If in Collimare	City, give exact location)					
EDI	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?						
٤	(APPROX.)	While At Not While At Work								
	22 servify that (1) (this hospital) attend	A	2/22 /	1071 + Fa	(- /) 10)/					
	22. I certify that (I) (this hospital) ottended the deceased from 19/1 to 19/1, that (I) (we) last saw the deceased alive an 19/1 and that in(my) (aur) apinion death occurred an the date									
				ar in (my) (aur) apini	an death occurred an the date					
	and haur and fram the causes stated abov 23A. SIGNATURE	s. (I) (We) (did) (did not) vi	iew the bady after death.		DATE CICNED					
	\overline{D}	/ Atte	nding Med.	Stoff	23 B. DATE SIGNED					
	as proces (COC	Man histys	Director	Phys.	12/e571					
	23C. PHYSICIAN'S NAME (Type)	/	23 D. ADDRESS							
	Thomas C. Cochra			spital, Ba	lto.,Md.					
24A	REMOVAL (Specify) 248. DATE 240	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	OCATION (City	, town, or county) (State)					
C	remation 2-18-71	Greenmount	Re	alto.	Md.					
25 A		E OF STRAR	25C. FUNERAL DIRECTOR		ADDRESS					
	EB 10 19/1 Jabens C	Land !	H.W.Jenkin	& Sons Co	., Balto., Md.					
VS	150-REV. 1/1/65									



11)-200 =14 400	BALTIMORE CITY	HEALTH DEPARTMENT	-14	1000							
W-300 71 166	CERTIFICA	TE OF DEATH	reg. No. 71	1662							
I. NAME OF DECEASED		2. DATE AND HOU	R OF DEATH								
Phyllis Wyat.	+	February L USUAL RESIDENCE (Where decease)	1 14, 1971	1 2/10 PM							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed A. STATE 8. COUNTY	ed lived. If institution:	residence before odmission)							
FULL NAME OF (IF NOT IN HOSPITAL OR INS	STITUTION, GIVE STREET	md.	25	-31							
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CITY	LIMITS?							
Bon Secours Hosp	. tal	Baltimore	YES 🔀	NO 🗌							
2	. 101	E. STREET AND NUMBER 4801 5+9+	Ford 5+								
5. SEX 6. RACE 7. 44 A DOS											
F white widow	ED NEVER MARRIED DIVORCED DIVORCED	O7/20/		er I Yr. II Under 24 Hrs. Doys Hours Min.							
10A. USUAL OCCUPATION (Give kind of work 10B. KIND		11. BIRTHPLACE (State or loveing count	(V) 12 (V)	TIZEN OF WHAT COUNTRY							
done during most of working life, even it retired)			12. 6.1								
Homemaker 13. FATHER'S NAME		M d .		U.S.							
JOHN N. Mc Car	1										
		Celestine	· mulle								
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of servic	e) SECURITY NO.	17. INFORMANT		ADDRESS							
no	215-44-046	B Mr. Jos. Michael W	vatt-4801 S	tafford St29							
18. 20/X	CAUSE OF DEATH	n .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	KRO	liation ponemus	mi dis	8							
(This does not mean the made of dying, e	(A) IMMEDIATE CAU	SE V A CONSEQUENCE OF:	***********************************	was							
heart failure, asthenio, etc. It means the diseo injury ar complication which caused death.)	50,										
ANTECEDENT CAUSES	Ho of	Prins disease		3. 442 -0							
DISEASES OR CONDITIONS, if any, givi	(B)	A CONSEQUENCE OF:	***************************************	7000							
rise to the abave cause (A) stating to UNDERLYING CONDITION last.	ine										
ONDERLING CONDITION last,	(c)										
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA			100								
TO THE DEATH BUT NOT RELATED TO THE TERMINA OISEASE OR CONDITION GIVEN IN PART 1 (A).	AL MY	regal fight i	elsess,	***************************************							
U 1194 DATE OF OPERATION LIVE CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF	YES, WERE FINDING	S CONSIDERED							
		42 -	KIIPIING CAUSES OF	DEATHY							
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	in or about 21 C. WHERE DID	(It in Boltimore City, gi	ve exoct location)							
9	TE INJURY OCCURRED	21F. HOW DID INJURY OC	Cites								
< (APPROY)	While At Not While		LOK!								
				4							
	22. I certify that (1) (this hospital) attended the deceased from 1-et 2 19 1/1 ta 1/4 19 71										
V2 C-N 000 1000	that (1) (we) last saw the deceased alive an 1111 19 11 and that in (my) (ovr) opinion death accurred an the date										
and how and from the causes stated above. 23A/SIGNATURE	and how and from the causes stated abave. (1) (He) (did) (did-not) view the bady after death.										
23A/3IGHATORE /	WIST AHO	nding 1 Med. Staff	23B, DA	TE SIGNED							
220000000000000000000000000000000000000	DEGREE Phys	Director Phys.	2	/14/1/							
230. PHYSICIAN'S NAME (Type)		3D. ADDRESS									
	DEGREE										
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town,	or county) (State)							
Burial 2/17/71	Cathedral Ceme	tery Balt	imore								
25A DATE RECO BY HEALTH DEPOS CONTRACTOR	OF REGISTRAR	25C. FUNERAL DIRECTOR Mitchell-Wiedefeld		ADDRESS							
	- Control of	Ul dought ata	1101110-0500	TOLK MU, ELELE							
VS 150-REV. 1/1/68											

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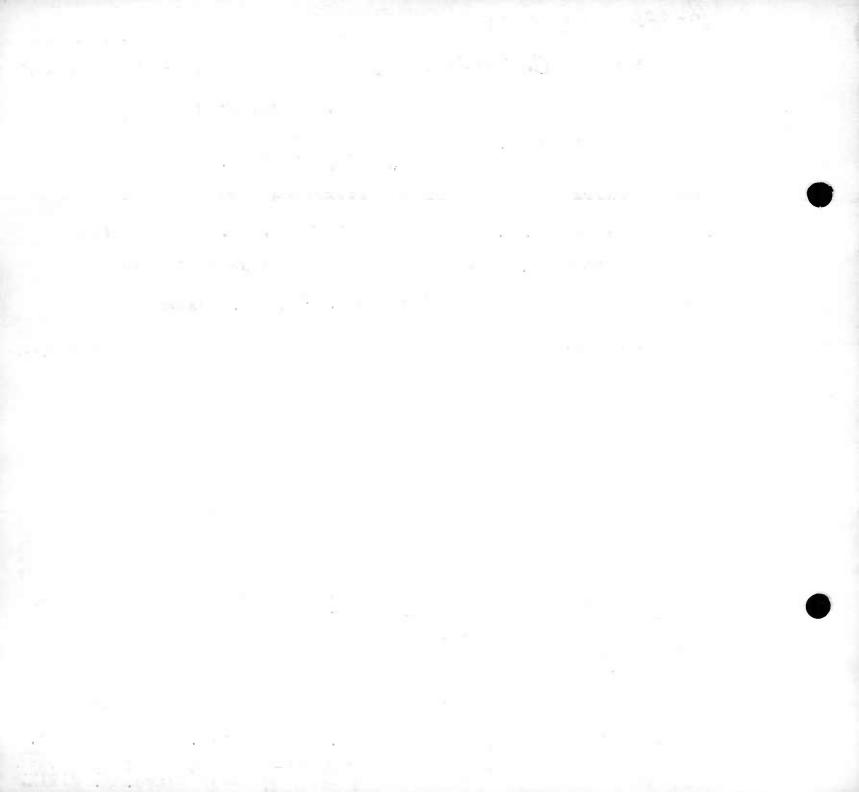
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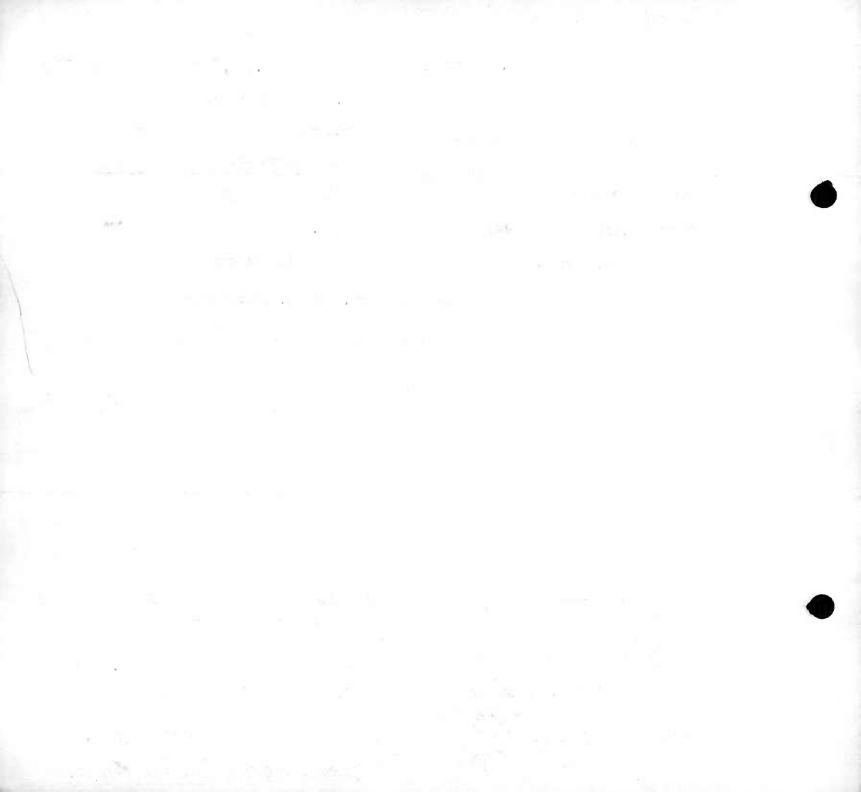
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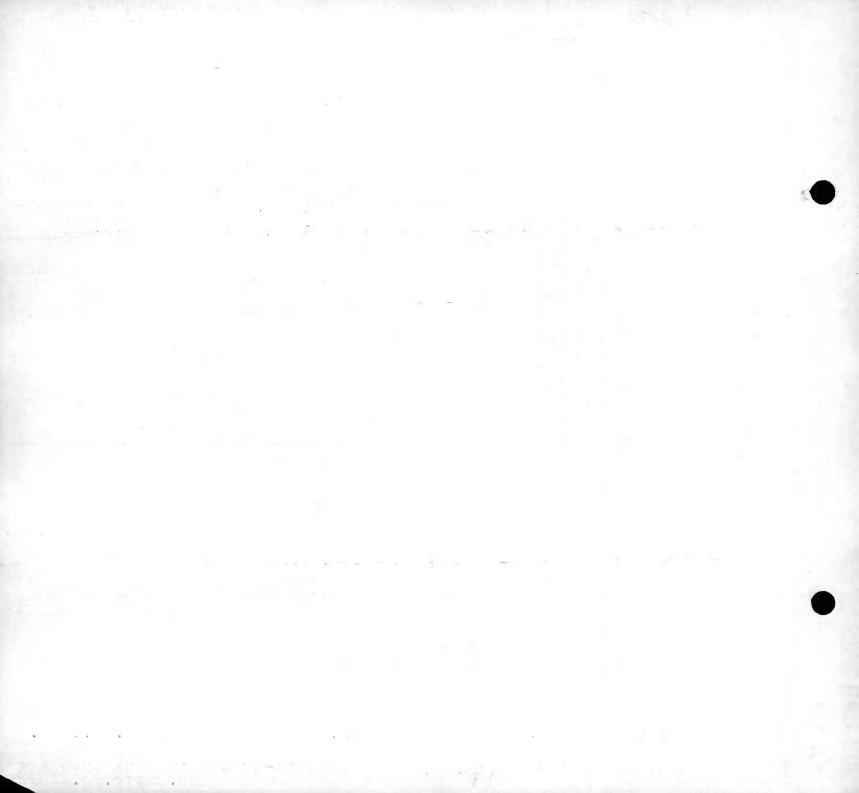


FUNERAL DIRECTOR: IMPORTANT

<	2 111	71	16	64	BALTIMORE CITY	HEALTH DEPAR	RTMENT		71	1	664	
BIR) -/60 TH NO.	/ /		0 1	CERTIFICA	TE OF DE	ATH	REG. NO	/ JL	ll.	004	
	NAME OF DEC pe or Print)		as A		HAVER			16,1971		1 7	7:20	P
3.	PLACE IN BAL	TIMORE, MARYLAND,	WHERE PR	ONOU	NCED DEAD	4. USUAL RESID	B. COUNT	e deceased tived. If it	stitution:	residenc	e before	admission)
FU	LL NAME OF	(IF NOT IN HOS	PITAL OR II	NSTITU	TION, GIVE STREET	Md.		timore	/	3-0	7	
IN:	STITUTION	ADDRESS OF TO	CAHON			c. CITY OR TOW Baltimo		D. INS	IDE CITY	_	1	
,	/ / Un	TON MEMOR	RTAL	Hos	SPITAL	E. STREET AND			YES-]	ио 🗌	
5	14					3736	Beech	Ave				
5. S	SEX	6. RACE	7- MAR	RIED X	NEVER MARRIED	8. DATE OF BIRT		AGE (In years ast birthday)	If Und	er 1 Yr.	If Und	ler 24 Hrs.
	MALE	WHITE	WIDO		DIVORCED [7/1/1893)	((771114
don	e during most of	UPATION (Give kind of w working life, even it retire	4)]		SUSINESS OR INDUSTRY		Stote or foreig	n country)	12. CIT		F WHAT	COUNTRY
	Retired	Acct	S	teel		Va.				USA		
13.	FATHER'S NA!	Charles	M. Sh	aver		14. MOTHER'S A	MAIDEN NAM Belle W					
15. Yes	Wos Deceased	Ever in U. S. Armed	Forces?		6. SOCIAL	17. INFORM ANT				ADD	ESS	
	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2	23 24 3061	Mrs. Kate	e V. Sh	aver same				
	18. 4	0.7			CAUSE OF DEATH	1		-/-	`		OXIMATE	
	DISEASE OR CONDITION DIRECTLY (LCL)					nespocure	hal.	inforction	W	Sil	clas	AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying, e.g.,							/	**********			<i>6</i>
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.					CONSEQUENCE	OF:	A deser la				
	ANTECEDENT CAUSES					clerotic	Caren.	e vascule seuse	1.16	7	itan	us.
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS					A CONSEQUENCE	OF:	de cuar		-	\$	********
	rise la lhe	above cause IA										
,	ONDEREING	CONDITION 16SE,	***************************************									
N	OTHER SIGNIF	II ICANT CONDITIONS C	ONTRIBUTI	NG								
¥	ITO THE DEAT	H BUT NOT RELATED TO ONDITION GIVEN IN P	THE TERMIL	NAL	***************************************			Auto-				
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?											
CALC	DEATH Inotify	IT WAS UNDERLYING TING CAUSE OF medicol examiner		21 B. Pl hame, etc.)	LACE OF INJURY (e.g., in farm, foctory, street, alf	or about 21 C. WHice bldg., INJURY	OCCUR?	(If In Baltimor	o City, glv	ve exoct	locotion)	
MEDI	21D. TIME OF INJURY	(Month! (Doy) (Yes	d (Houd	•	NJURY OCCURRED		M DID INTR	RY OCCUR?				
۲	(APPROX.) While At Not While At Work											
	22. I certify that (I) (this hospital) attended the deceased from 2 - 16 19 71 to 2 - 16											
	that (1) (we) last saw the deceased alive on 2-16 19 7/ and that in (my) (see) opinion death occurred on the date											
	and hour and from the causes stated above. (1) (Wa) (did) (did not) view the body after death.											
	23A, SIGNATURE 23B, DATE SIGNED											
	Cliffed OS Strain Journ Attending Med. Director Director Phys. 2-17-7								1			
	23C. PHYSICIAN'S NAME (Type) Alfred G. Ossnern Jr 23D. ADDRESS 1/0/ St Paul St Baltimore 2 1914.								40/.			
24A	BURIAL CREA	MATION, 248. DATE	24	C.NAN	AE of CEMETERY OF CREA	MATORY	24D. LO		ly, town,			(Stote)
	Burial	2/19.	71	Wood	dbine Cemeter	У		Harris	onbur	g, V	a.	
25A	DATE REC'D	BY HEALTH DEPT.			REGISTRAR	25C. FUNERAL					DRESS	
	LFR 10	1971 (GBes	£. 40	den	MA, U 0	Mitchel	I Wiede	feld Home	6500	York	Rd.	
VS 1	150-REV. 1/1/6	R										



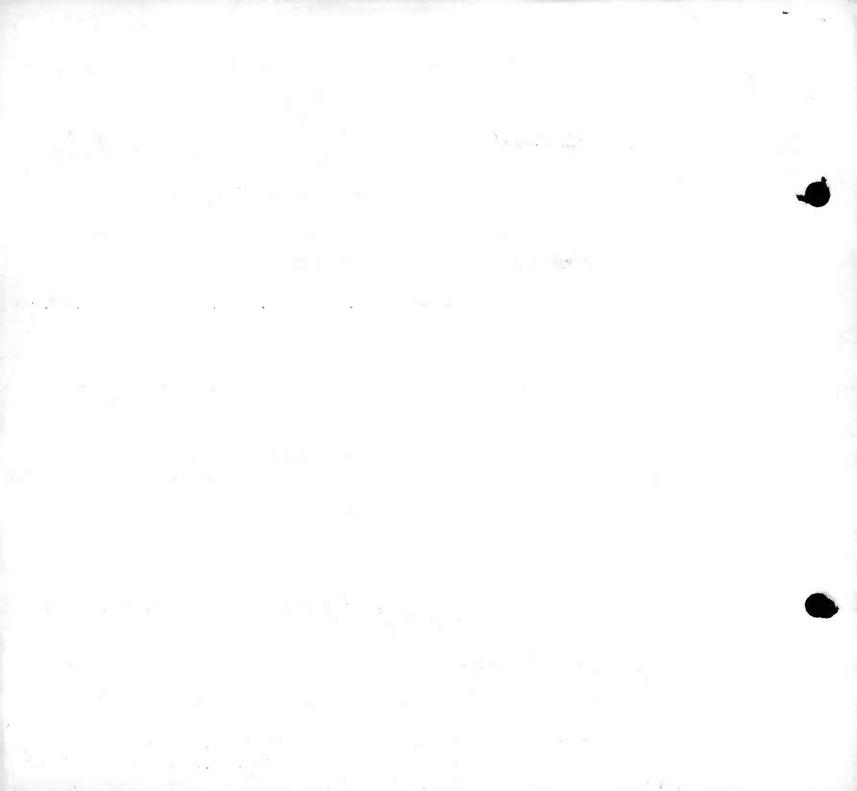
α	BALTIMORE CITY	HEALTH DEPARTMENT	part part part part part part part part	74 4005				
G-650 BIRTH NO. 71 168	65 CERTIFICA	TE OF DEATH	REG. NO.	1 1600				
1. NAME OF DECEASED		2, DATE AN	D HOUR OF DEATH	29				
(Type or Print)	Greene	Feb	1-2 1911	2 7 M				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceosed lived. If institut	ion: residence before odmission)				
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET		D. INSIDE C	13-07 CITY LIMITS?				
Union Memorial	40spitAC	E. STREET AND NUMBER	YE	NO 🗌				
4424		4005 Kes	wick Rd	4				
5. SEX / 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	AGE (In years If	Under 1 Yr. If Under 24 Hrs.				
IOA. USUAL OCCUPATION (Give kind of work 10B. KIN	WED DIVORCED DIVORCED DO OF BUSINESS OR INDUSTRY	1/11/36	35	CITIZEN OF WHAT COUNTRY				
done during most of working life, even if retired)		-0 -1		2 6 6				
HOUSE WITE		MARY MAIDEN NAM	A.F.	USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E					
J. C. Gutberlet		1-oretta-	Muelle					
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of sen	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
No	212-36-4780	MICHAEL	GREENE	SAME				
18.	CAUSE OF DEAT			APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY		R	9	BETWEEN ONSET AND DEATH				
LEADING TO DEATH	(ANMMEDIATE CAL	ISE Helmucanord	benorhage	2/10/71				
(This does not mean the mode of dying, heart foilure, asthenio, etc. It meons the dis injury or complication which caused death.)	e.g., DUF TO, OR AS	A CONSEQUENCE OF:						
ANTECEDENT CAUSES	(Fadado	1. Benn Ann		unkna				
	(B)	a Denny Brew	my sm	or vacou				
DISEASES OR CONDITIONS, if ony, g	-	A CONSEQUENCE OF:	0.114	b				
UNDERLYING CONDITION Iasi.	(c)		124//					
11								
OTHER SIGNIFICANT CONDITIONS CONTRIBUT								
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FIND	INGS CONSIDERED				
WAS PERFORMED		Yes	IN CERTIFYING CAUSES	OF DEATH?				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, o etc.)	n or about 21C. WHERE DID	(If in Baltimore Cit	y, give exact location)				
DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour)								
OF INJURY (Month) (Doy) (Year) (Hour)		21F. HOW DID INJU	JRY OCCUR?					
(APPROX.)	While At Not While Work At Work	e 🗌 📗		, ,				
22. 1 certify that (1) (this hospital) attend		2/10/7/1	9 to 2,	1/2/7/ 19				
that (I) (we) lost sow the deceased alive	,	ond the	n m(my) (our) opinion	deoth occurred on the dote				
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.							
23A. SIGNATURE	Shall	45-5/114 -		DATE SIGNED				
/ Xlban X. URS	OEGREE Phy	nding Med. Director	Staff Phys.	2/1471				
23C. PHYSICIAN'S NAME (Type)	y	23D. ADDRESS		1				
NAME (Type)								
24A. BURIAL CREMATION, 24B. DATE 2	DEGREE 4C. NAME of CEMETERY OF CR	MATORY 24D. IC	OCATION (City, to	own, or county) (State)				
REMOVAL (Specify)								
BURIAL 2/15/71	DRUID RIDGE	CEM.	DAL!	ro.Co MD.				
25A. DATE REC'D BY HEALTH DEPT 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	redefeld Ho	ADDRESS OME 6500YORK				
VS 150-REV. 1/1/6B			RD. BA	TO. MD. 2121				



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DIRECTOR:

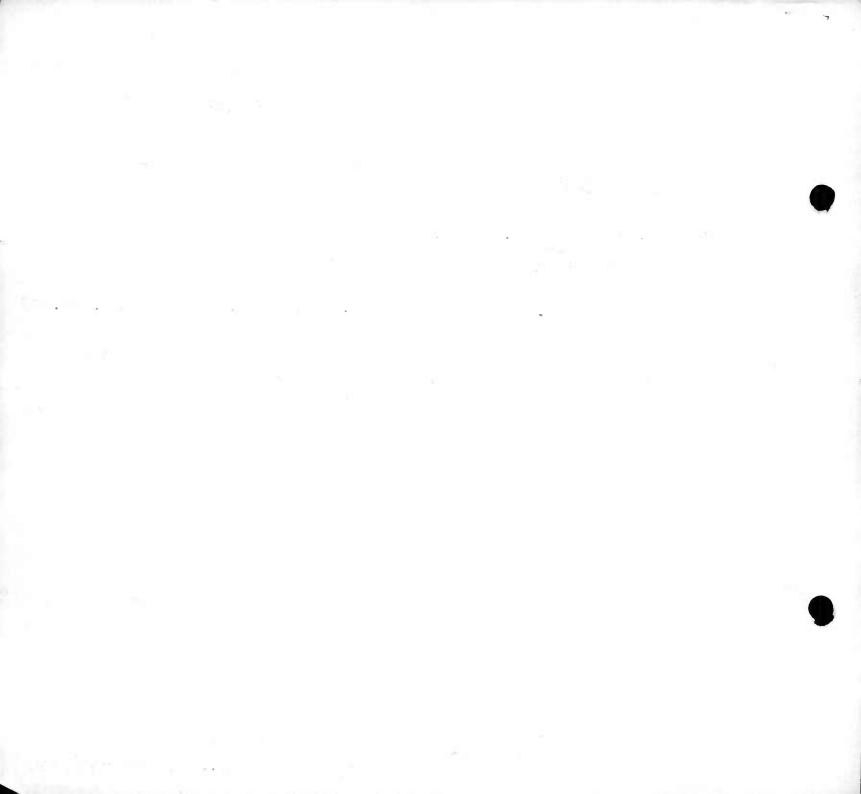
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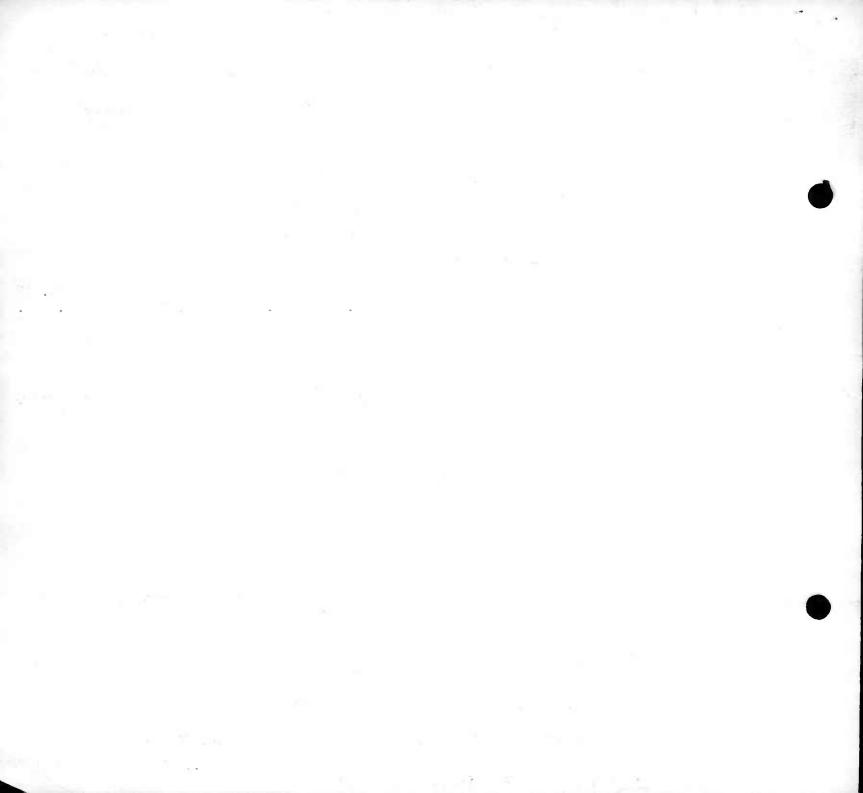


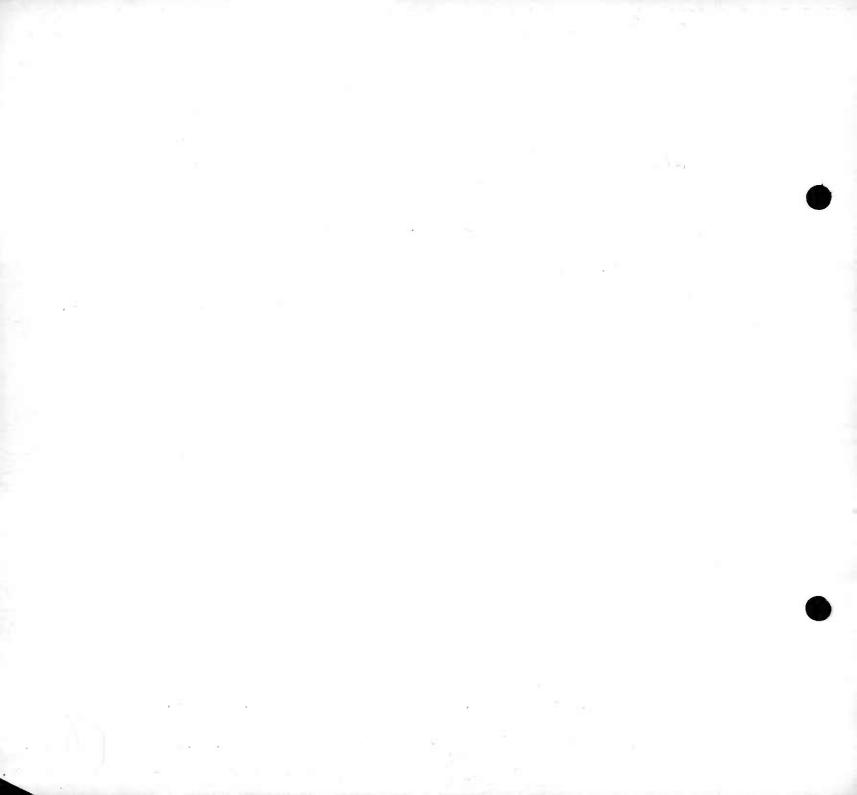
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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) D. INSIDE CITY LIMITS? NO If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY? Mrs. Beulah Smallwood 2216 Orleans Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No (If in Boltimore City, give exoct location)

ADDRESS21217

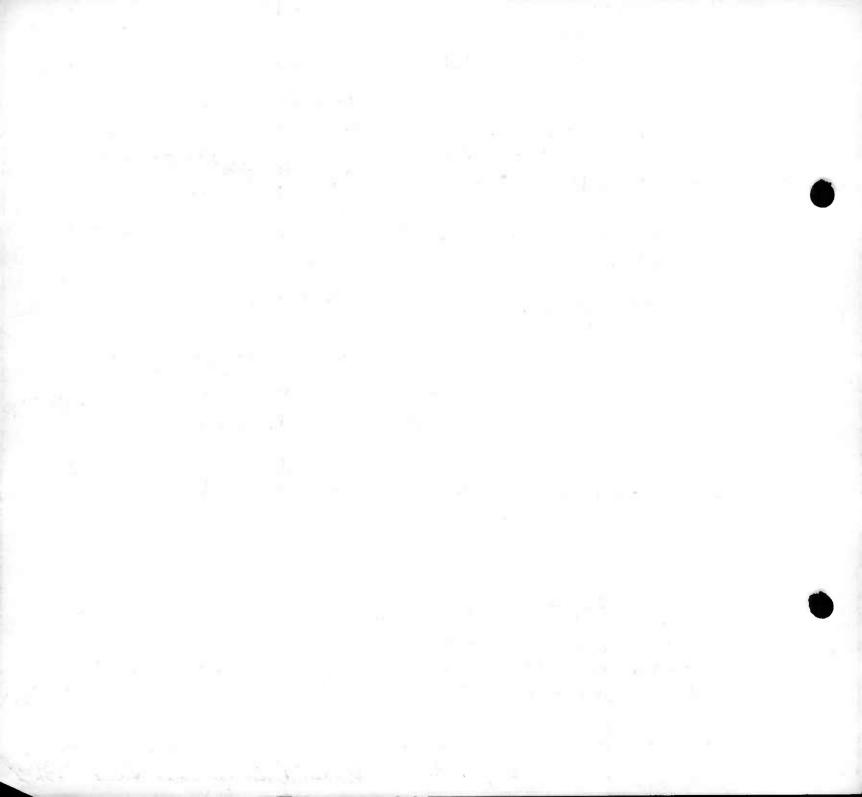
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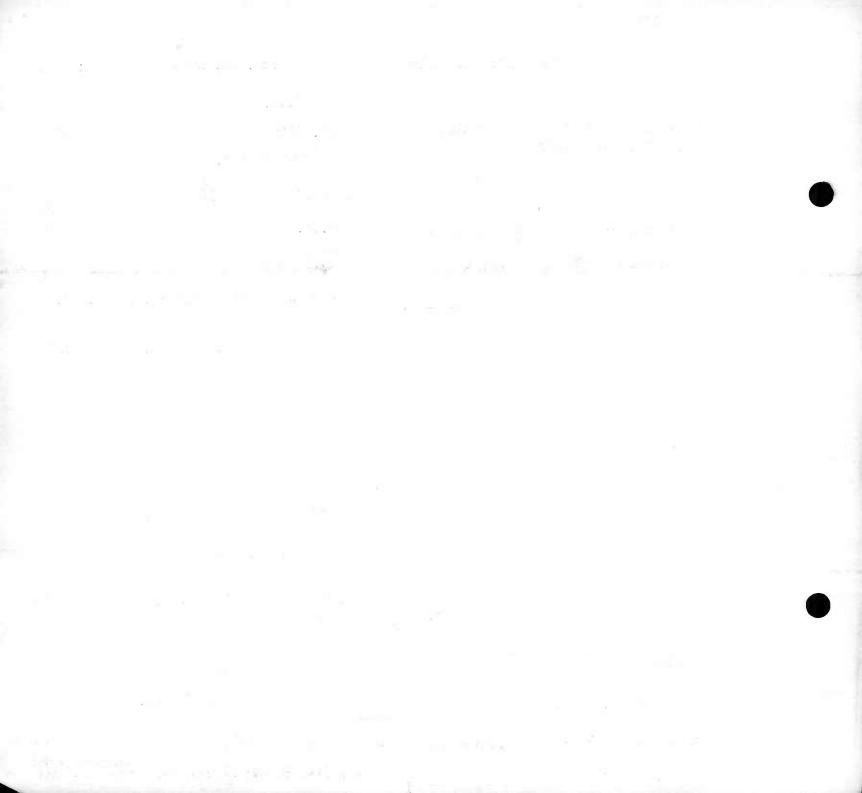
	1	1-153 BALTIMORE CITY HEALTH DEPARTMENT 71 1072
	the the	BIRTH NO. 71 1673 CERTIFICATE OF DEATH REG. NO. 11 1673
	sital and of death Deceased on the ith. Such	1. NAME OF DECEASED (Type or Print) WILLIAM KRANTY TOO, 12, 1971 1. 12'15 A
	hospiuse ; (5) danc	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived, If Institution: residence before admission) A. STATE B. COUNTY
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
	in a g ca ause ause tten	CHURCH HOME & BHITMORE YES I NO []
	ar ar abric	135 MOSPILAT 324 OTD TINE ED TANKETIN
	occurre ontribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lif Under 1 Yr. If Under 24 Hrs. Min. Min.
	dete dete in r	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	t de ct o Un Vas	13. FATHER'S NAME 14. MOTHER'S MAINE 14. MOTHER'S MAINE
Z	directly (4) disp.	Occar Franks talland manhare
IMPORTA	ist he kin dec ce	15. Was Deceased Ever in U. S. Armed Forces? (I'es, no or unknown) (II'yes, give wor or doles of service) SECURITY NO. 17. INFORMANT: SECURITY NO.
0	a ≠ Cobb ×	18. CAUSE OF DEATH
MF	the chief medical examiner or his by a medical examiner. Also 2) Body burns; (3) A fracture of the physician who pronoun physician was in regular atterfore the remains are embalmed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
••		(This does not meon the mode of dying, e.g., heort failure, asthenio, etc. It means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
CTOR		ANTECEDENT CAUSES (B) Duassino Filial Sollo De Din Bendag
DIREC		DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. (C)
AL D		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).
NER		DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED 2004. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUN		OP CONTRIBUTING CALLES OF LINE OF INJURY 18-94 IN OF GOODI 21 C. WHERE DID (If In Boltimore City, give exact location)
		DEATH (notify medical examined) DEATH (notify medical examined) Death
	approved b to the hosp f any natur I (except w I); and (6)	Work Al Work
		22. I certify that (I) (this hospital) eftended the deceosed from Fab. (1971 to Fab. 1977) that (I) (we) last sow the deceased alive an Fab. (2 1971 and that in (my) (our) spinian death accurred on the date
	ased to ased to dent of a pspital (death); nust be	and hour and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.
	30.5	23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED
		23C/PHYSICIAN'S NAME (Type) Phys. Director Phys. Di
	certificate sody was i s: (1) An a D.O.A. at ased prior	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City fown, or county) (State)
	Dod Dog Dog Dog	Burgal 2-17-71 Good Shepland Cen Mauraentle, Fa
	This the b show was dece	25d. Date REC'D By HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR Land Address Land



	ı	$\ \mathbf{n} \ $	1 3/10	TY HEALTH DEPARTMENT
	9-5 9-E	BIR	CERTIFIC	ATE OF DEATH REG. NO.
	an eat ase th th Suc	1.5	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	of death of death Deceased e on the	(iy	pe or Print) (Tear Rolling In the	2-17-71 2:55
	at in Do	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence belove admission) A. STATE B. COUNTY
ě,	5 e S	FU	11 NAME OF (IF NOT IN HOSPITAL OR INSTITUTION CIVE STREET	100 and 1 m 00 m
	T > T	HO	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STRUTION GIVE STREET OF LOCATION)	C. CHY OR TOWN D. INSIDE CITY LIMITS?
	L Ca L Ca T ten		20	DAltimore YES NO
	ri da ca	17		E. STREET AND NUMBER
	ed et de.		Duke Land Convales ant Hom	e 39 S. Trosport Start
	5.2.5 5 5	5. 5	6. RACE 7. MARRIED MEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Days Hours; Min.
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	in r	10A	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY?
	D 7 0 D 7	17	atchman Sheriand	Deels. hal.
	ct de ct o	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
—	÷ i÷ (4) × + i speci	(Labort Melalood	Port 6
Z	ind; ind; eath e on	15.	Was Deceased Ever in U. S. Armed Forces? i, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS OF ADDRESS
RTA	kin de de ce		no of unknown) (If yes, give wor of dotes of service) SECURITY NO. 212-14-806	non18 (a)
Ö	if if iny ed dan or fi		18. CAUSE OF DEA	TH Chalely Cot (Cone) 2/2 28
0	· S		DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
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Š	日によっちゅ		ANTECEDENT CAUSES (B)	Mue Trustin Sems Il Mars
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3	ins		UNDERLYING CONDITION last. (C)	
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4	E 0 4 5 = 5	01	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
监 .	d y a be a cia	ICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	20A.AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED
FUNER	ch th th e t	CERTIFICATION	WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F	95055		21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or oboul 21 C. WHERE DID (If In Boltimore City, give exoct location)
	y th tal her No n	CAL	DEATH (notify medical examined etc.)	once blog. Injury Occur:
	ospi tur (6)	MEDICAL	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
		>	(APPROX.) While At No! Whi	ile
	prov		22. I certify that (+) (this haspital) attended the deceased fram	7 - 16 - 1971 to $7 - 1971$
	000.0	1 1	that (4) (we) last saw the deceased alive on 2-17-	19 and that in(my) (aur) apinion death accurred an the date
	007-		and haur and from the causes stated above. 🛞 (We) (did) (diteot)	view the body ofter death
	ust be eased ident nospit deat		23A. SIGNATURE	23B. DATE SIGNED
	- U.S. C 1		The lea My AH	ending Med. Staff Director Phys (17/20/1/
	0 - 0>		23C. PHYSICIAN'S, NAME (Type)	23D. ADDRESS
	certificate m sody was rel fis: (1) An acc D.O.A. at a f assed prior tc		T CWALDEN NO	47M (Dlenas SA) HVBWV9
	\$ 600 B	24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	LEMATORY 24D. LOCATION (City, town, or county) (State)
		1	Burial 2 \$0/71 Den Have	n Com. When Burnie mil.
	This certi the body shows: (1) was D.O. deceased written a	25A	REC'D BY HEALTH BYT. 258. NAME OF REGISTRAR	25 FUNERAL DURECTOR ADDRESS
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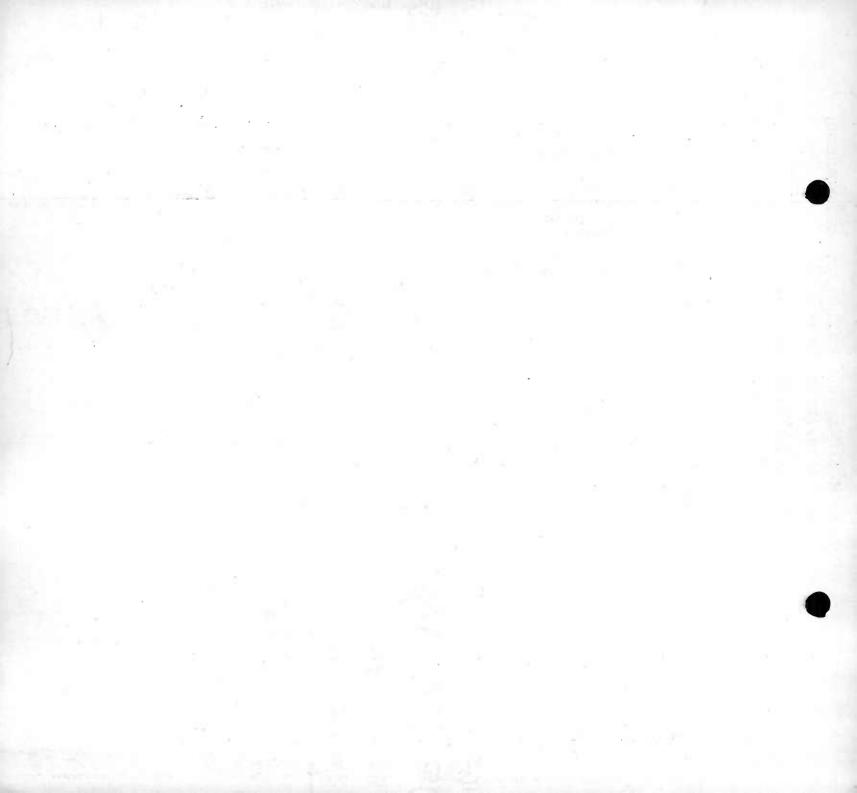


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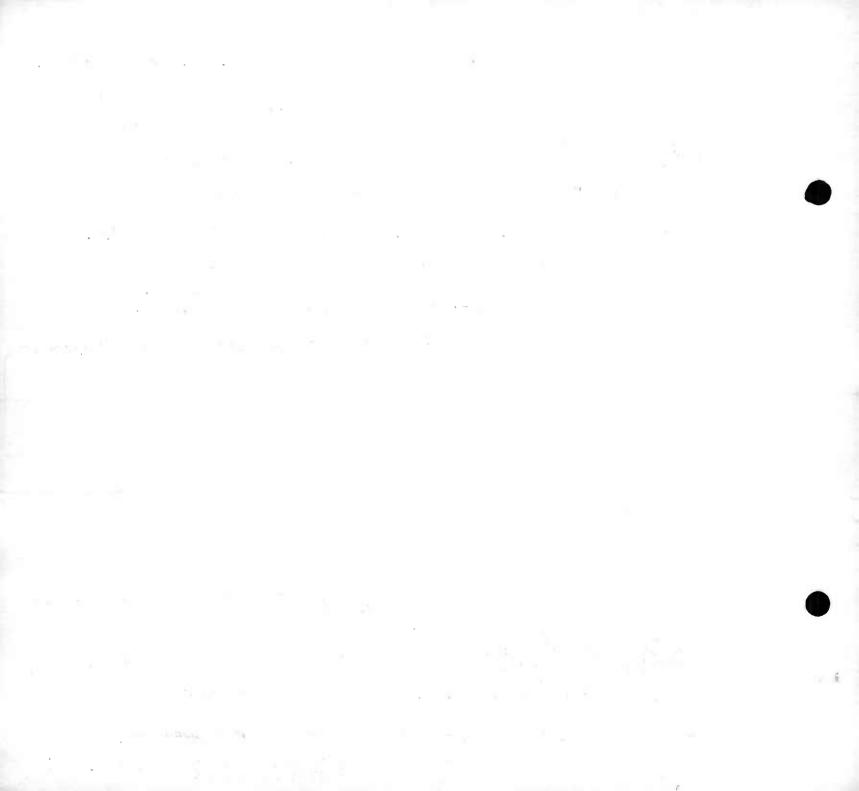
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5 -315 BIRTH NO.	71	1677	y	Y HEALTH DEPARTME		71 1677		
1. NAME OF DECEA		M TOS	EPH STEVENS		TE AND HOUR OF DEATH	1		
					2/12/71	8:30 a. N		
3. PLACE IN BALTIA	MORE MARYLAND, V	VHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If	institution residence before admission)		
FULL NAME OF				Md., 2	1205	7-01		
HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN		SIDE CITY LIMITS?		
72				Baltim	ore	YES NO		
29	06 E. Mon	ument	St.,	E. STREET AND NUM	BER			
				2906 E	. Monument S	St.		
5. SEX 6.	RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths! Days Haurs Min.		
male	white	WIDOWE		6/1/1894	76	Manths Days Haurs Min.		
tOA, USUAL OCCUPA done during mast at war	TION (Give kind of wor	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or loreign country)	12. CITIZEN OF WHAT COUNTRY		
Machinis		Armo	o Steel	Baltimor	o Md	· ·		
13. FATHER'S NAME		ZIL MIC	O Oreer	14. MOTHER'S MAIDE	,			
	Joseph St	evens		unkn				
					O1111	ALUE Y		
Yes, no ar unknown) (If	er in U. S. Armed Far yes, give war ar date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
		2	12-05-7655	Rose Lupi	nek Stevens.	wife, above		
18. 2 5, 0	. 91		CAUSE OF DEAT		0 0	APPROXIMATE INTERVAL		
	OR CONDITION DI	RECTLY	Chr	nie heast	Lailure E	BETWEEN ONSET AND DEATH		
	ADING TO DEATH		(A)IMMEDIATE CAL	the state of the s				
(This does not	mean the made of	dying, e.g		A CONSEQUENCE OF:				
injury or camplic	henia, elc. Il means calian which caused	death.)	, Yo	AS.CVII) .			
AN	TECEDENT CAUSES		. Arzik	to moll	t.	40		
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Z OTHER SIGNIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
E ITO THE DEATH B	UT NOT RELATED TO TI	HE TERMINAL						
19A. DATE OF OP	DITION GIVEN IN PAR	T 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes	as Nell 200 to year trees	Ph. 1 1 2 2 2 3 4 4 4 4 4 4 4 4 4		
21A. ACCIDENT	WAS PERI	ORMED		Total Molor 314 (168	IN CERTIFYING CA	FINDINGS CONSIDERED		
21A. ACCIDENT	WAS UNDERLYING	21	& PLACE OF INJURY (e.g., i	n or about 21 C. WHERE a	NO (fit to Bold-o	City of the city o		
OR CONTRIBUTION DEATH (natify me	GI I CAUSE OF	- lha	me, form, factory, street, at	fice bldg., INJURY OCC	JR?	re City, give exact lacation)		
S OF INJURY	anth) (Day) (Year)		E INJURY OCCURRED		D INJURY OCCUR?			
(APPROX.)		While At Not While Work At Work		° 🗆 📗				
22. I certify tha	22. I certify that (i) (this hospital) attended the deceased from Dec 18 19 70 to Feb 12 19 71							
that (1) (we) las	7//2							
23A. SIGNATURE	and haur and from the causes stated above. (1) (We) (did) (did nat) view the body after death.							
	23R DATE SIGNED							
23C PHYSICIANS	Attending Med. Director Phys. 2-16-197							
23C. PHYSICIAN'S NAME (Type)	Ataollah	Goln	ira	3D. ADDRESS	9 Dundalk Av	enue		
		COLP	DEGREE	302	Dundain Av	ende		
REMOVAL (Spec	ION, 248. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 2	D. LOCATION (C	ity, tawn, or county) (State)		
Burial	2/16/7	1 G	ardens of Fa	ith	Baltimore,			
SA-DATE REC'D BY			OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS		
FED 19 19	M Jaber E	Ja Ber	American American	Schimune	k Funeral Ho	me, Inc.		
'S 150-REV. 1/1/6R		The same of the sa		13331 Bre	hms Lane	,		







71 1680 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 7 BIRTH NO. William I. NAME OF DECEASED 2. DATE Known -Month Day Year Hour (Type or Print) OF 8:40 p. 2 14 71 Joseph W. Byrnes Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Haur Day Year PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 2 14 8:40 R ADDRESS OR LOCATION) 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md . B. COUNTY Union Memorial Hospital 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? 8. MARRIEDEN NEVER MARRIED White male Balto. WIDOWED . DIVORCED _ YES & NO L 10. AGE (In years Il Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER last birthday) Manths | Doys | Haurs | Min. Dec.4.34 36 3220 Kentucky Avenue 2. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Carpenter-Home Enterprise Contr. Marie Richter 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS 213-30-5181 Jeanette Byrnes. wife, above CAUSE OF DEATH APPROXIMATE INTERVAL Gunshot Wound of head DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES (B)_______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) (head) 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in ar obout 22C. WHERE DID (II in Boltimore City, give exact location) hame, form, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-

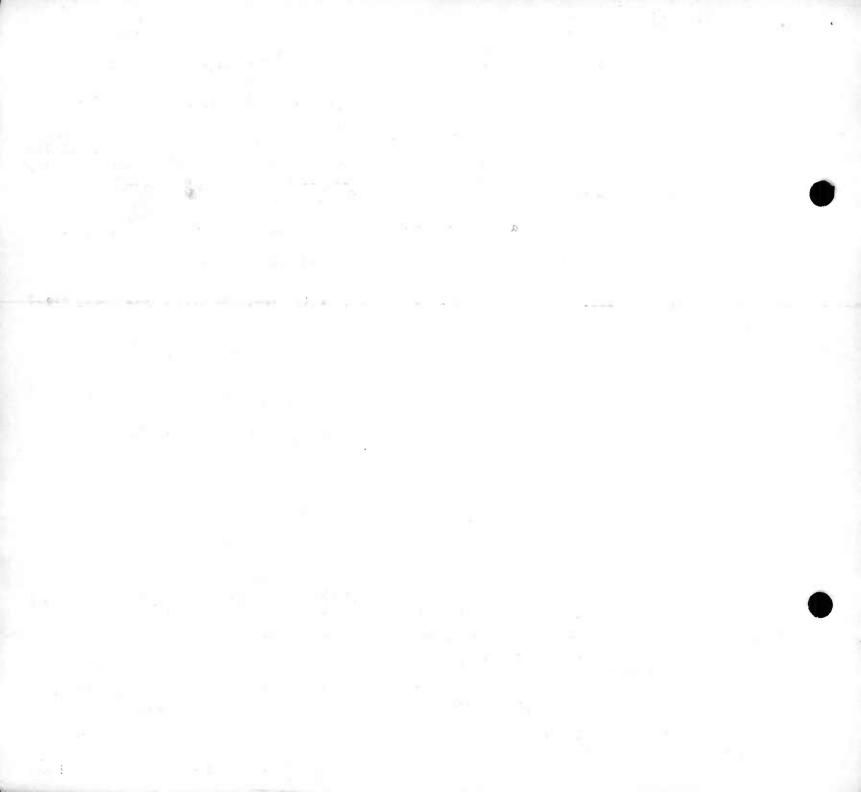
HOSPITAL OR INSTITUTION 6. SEX 9. DATE OF BIRTH 11. BIRTHPLACE (State or fareign country) Baltimore, Md. U.S.A. Joseph W. Byrnes

14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of warking life, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknawn)(II yes, give wor or dotes of service) BETWEEN ONSET AND DEATH CERTI 3220 Kentucky Avenue HOME UTING CAUSE OF DEATH. OF INJURY 7 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? Subject shot himself in the head. WHILE AT NOT WHILE (APPROX.) approx 3:30P 23. (head) Autopsy KX I certify that I held on Inquiry Inspection ond that on this basis, death in my opinion Suicide XX resulted from: Natural couses/1_ Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 2/15/71 EXAMINER'S ASSOCIATE MEDICAL EXAMINER XX Peter Lipkovic, M.D. NAME (Type) 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial 2/18/71 Holy Redeemer Cemetery Baltimore, Md. Schimunek Funeral Home, Inc. 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 3331 Brehms Lane VS 151-REV. 1/1/68

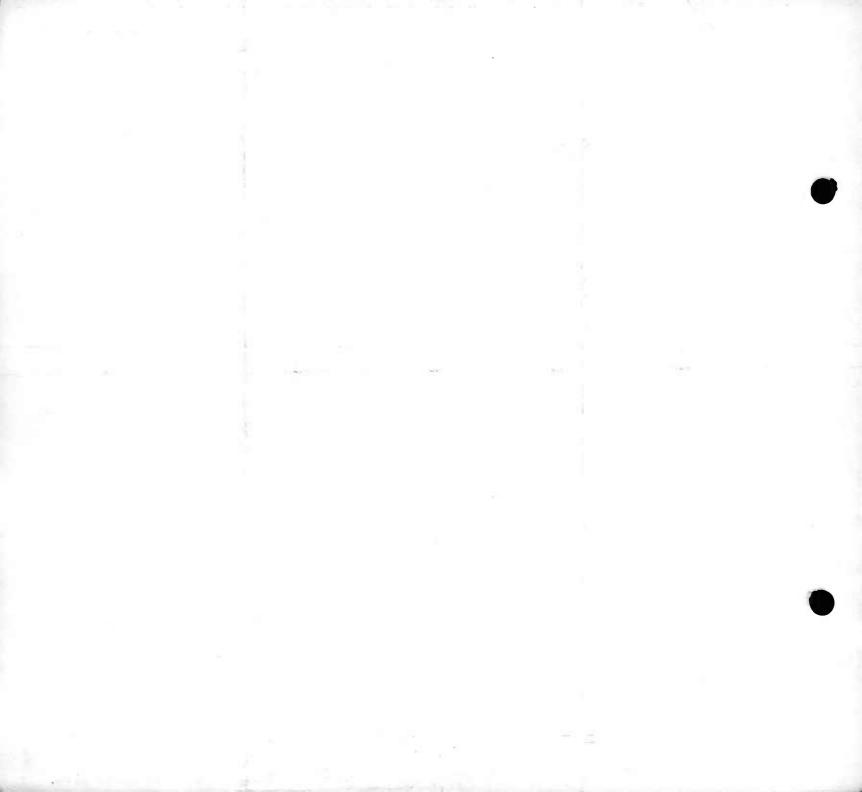


IMPORTANT

FUNERAL DIRECTOR:



1	R-52C	5	71	1683			HEALTH DEPARTMENT TE OF DEATH	REG. NO	71		1683
1.1	RTH NO. NAME OF DEC (pa ar Print)	MRS.	Rio	NOHE				IND HOUR OF DEATH	1	,	120
3.	PLACE IN BAI					7	SUSUAL RESIDENCE (WH	ere deceosed lived. If	institution: re	Sidence	A M
H	JLL NAME OF OSPITAL OR STITUTION	(IF NO	T IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	•	HACYLAN C. CITY OR TOWN	1)	SIDE CITY LIF	2.	-03
	34						BALTIMORI	5	YES 💟		ио 🗌
L	BOD.	SECOL	DRS	HOSPI	TAL		E. STREET AND NUMBER	ST. PAUL	· 5T		
5.	EMALE	6. RACE	TE	7. MARRIED	NEVER MARRIED	=	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under Months	l Yr. Doys	If Under 24 Hrs. Hours Min.
10/	LUSUAL OCC	UPATION (GI	ve kind of worl	108 KIND O	F BUSINESS OR IND	JSTRY	11. BIRTHPLACE (Stote or for	1 / 0	12. CITIZ	EN OF	WHAT COUNTRY
	FATHER'S NA		ven it felired)				MARYLAN			SA	
15.	TAINER 3 NA	ME					14. MOTHER'S MAIDEN NA	ME			
1,5			UNKIN	OWN			UN	KNOWN			
(Ya	Was Deceasad s,no or unknown	Off yes, give	S. Armed For e wor at date	ces? s of service)	SECURITY NO.		17. INFORMANT			ADDR	ESS
L							D+15 C	HART			
	1B. 4	19 I			CAUSE OF D	EATH			I.		E ONSET AND DEATH
	DISEAS	E OR CON	DITION DI	RECTLY			Q 1			L I WEEK	CHSEI AND DEATH
	IThis does no heart failure,	ol mean th asthenio, et	e mode of	the disease	(A) IMMEDIATI		CONSEQUENCE OF:	undue			
	injury or com		NT CAUSES	death.)		0	· C 11. (
					(B)	COV	yenive man	rauce			
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, it ony, giving isse to the above cause IA) stoling the UNDERLYING CONDITION last. (B) Configure Llead Failure DUE 10, OR AS A CONSEQUENCE OF: (C) Amal Fibbrilation due to DSCV)										
_		1	1		()						
CERTIFICATION	OTHER SIGNIF TO THE DEAT DISEASE OR C	H BUT NOTR Ondition G	ELATED TO THE	TE TERMINAL		ron	ic Brain Sy	ndrome.		******	
RTIFIC	19A. DATE OF	OPERATION	WAS PERF	DITION FOR	WHICH OPERATION		20A. AUTOPSY? (Yas or N	O) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS OF D	CONSII	DERED
¥	21 A. ACCIDEN OR CONTRIBU DEATH Inatify	TING CA	USE OF -	21E han etc	PLACE OF INJURY (e.g., in at, offi	ar obout 21C. WHERE DID	(If In Baltima	ra City, give	exoct le	acation)
MEDIC	21D. TIME	(Month) (E	Doy) (Yeor)	(Hour) 21E	. INJURY OCCURRED		21 F. HOW DID IN	IIIBA OCCIIBA			
×	OF INJURY (APPROX)				ile At 🖂 Not	While Vark					
	22, I certify that (I) (we)				he deceased from FEB	11	19 7/	19 7/ to F	CB /	/	19_7/
						··········	ew the body ofter deoth.	nat in (my) (aur) opl	nion death	accu	rred on the dote
	23A. SIGNATU		.00363 3101	2	1) (ne) (ala) (ala h	OT) VI	ew the body offer deoth.		23B, DATE	CICNE	
	/		ull	sald	OEGREE	Atten Phys.	ding Med.	Staff Phys.	FE	3/	11/7/
	23C.PHYSICIA NAME (T)	re Ma	nuel	Gal	dos		D. ADDRESS Box	Secours	Hos	1:	(a)
24A	BURIAL CREA	MATION, 24	B. DATE	24C.N	AME of CEMETERY of	GREE CREA	AATORY 24D. L		ily, town, or	county	(Stota)
	Burial	1	2-15-71	Gle	en Haven Men	nori	al Park	e Arundel Co	n	3.0	
25A	FFR 1 C	BY REALTH	-		OF REGISTRAR	7	25C. FUNERAL DIRECTO	1	ounty	ADD	RESS
V5	150-PEV. 1/1/6	13/	VI BUTCHES	- ANGROP	Ward !	1	William DJo	nnson 8521 ^I	Och Re	ven	Blvd.



		$\Delta / \alpha = \lambda$	BALTIMORE CITY	HEALTH DEPARTMENT		
			684 CERTIFICA	TE OF DEATH	REG. NO.	/1 1684
		Pe or Print)	AMES NON		HOUR OF DEATH	1243
	3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PR			deceased lived. If institution	nt residence before admission)
	FU HO	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	C. CITY OR TOWN	e: 0	22-01
,1		South Baltimore &	reveral Hospat	P Baltimor		NO NO
7	3	Baltomore, MJ, 2	7.	E. STREET AND NUMBER	tomery 5	+
D	5. S		RIED NEVER MARRIED			nder 1 Yr., If Under 24 Hrs.
E E		M N WIDO	WED DIVORCED	12-14-05 1	10	nder 1 Yr. If Under 24 Hrs. hs Days Hours Min.
	done	. USUAL OCCUPATION (Give kind of work 10B, KIN e during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or foreig	n country) 12. C	TITIZEN OF WHAT COUNTRY?
disposition	1	VOME FATHER'S NAME	· · · · · · · · · · · · · · · · · · ·	La.		mertcan
Ö	,	5		14. MOTHER'S MAIDEN NAM	E	
	15 \	Senny UTKon Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	COTTINE U	uhite	ADDRESS
Bull	(Yes	in or unknown) of yes, give wor or doles of serv	SECURITY NO.	a 11:-f-	0	-1
10		18. // /	CAUSE OF DEATH	H WCZ	Jame.	APPROXIMATE INTERVAL
		DISEASE OR CONDITION DIRECTLY		on A Sci	UP.	BETWEEN ONSET AND DEATH
		LEADING TO DEATH (This does not mean the mode of dying,	e.g. (A) IMMEDIATE CAU	SE CONSEQUENCE OF:		
0		heart foilure, osthenio, etc. It means the dise injury or complication which caused death.)	lose,	CONSEQUENCE OF:	U	'
0		ANTECEDENT CAUSES	181 A SCU	DECHA		byrs.
9		DISEASES OR CONDITIONS, if ony, ginse to the obove couse (A) stoling	ving DUE TO, OR AS	A CONSEQUENCE OF:		
v		UNDERLYING CONDITION lost	(c) Multy	ple PVC.	B.B.B.	***
remain	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
2	ATIC	TO THE DEATH BUT NOT RELATED TO THE TERM! DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			
TUG	CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes) or No.	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
	S	21A ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(Il In Bollmore City,	
0	3	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, larm, foctory, street, off etc.)	ice bldg., INJURY OCCUR?		
D	0	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
		(APPROX)	While At Not While At Work			
	- 1	22. I certify that (i) (this hospital) attend	See an artist and the last and	······································	7/10 2-12	19_17_1_
90	- 1	that (I) (we) lost saw the deceased office			in(my) (our) opinion de	ooth occurred on the date
must		ond hour ond from the couses stoted obov	e. (I) (We) (did) (did not) vi	ew the body ofter deoth.	228 D	ATE SIGNED
		Chungla Chi	Phone	Ading Med. S	toff that	-12 -1)
0		23C. PHYSICIAN'S NAME (Typel	DEGREE	3D. ADDRESS	12	12
approva		CHUNG-JA	CHUNG DEGREE	South Baltoma	re General	Hospital
	24A.	BURIAL CREMATION, 24B, DATE 24 REMOVAL (Specify) 2-17-7	C. NAME OF CEMETERY OF CRE	MATORY 24D LO	CATION (City, town	, or county) (State)
Written	25A	PATE RECIDENTE ALLE PEPTE CO 1200 MAI	ne aucun	25C FILMERAL DIRECTOR	ere esey	ADDRESS
\$	F	FR T & 121 10000 C 12100	10000	25G FUNERAL DIRECTOR	1 Amoranda	ADDRESS AL
Į.	VS 1	150-REV. 1/1/68		N was	11- milling	July

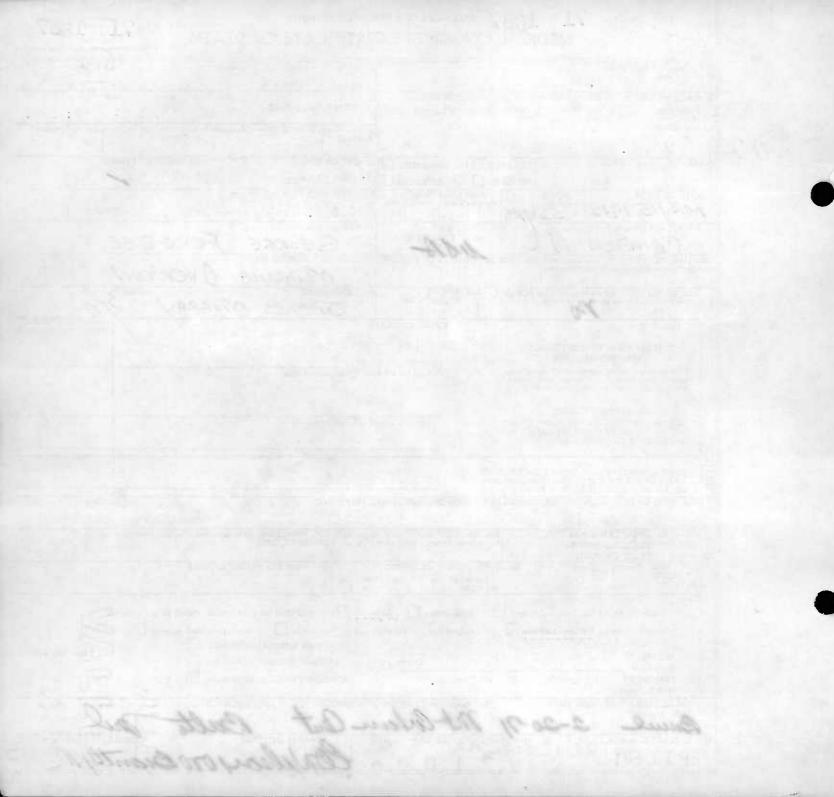


71 1685 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE

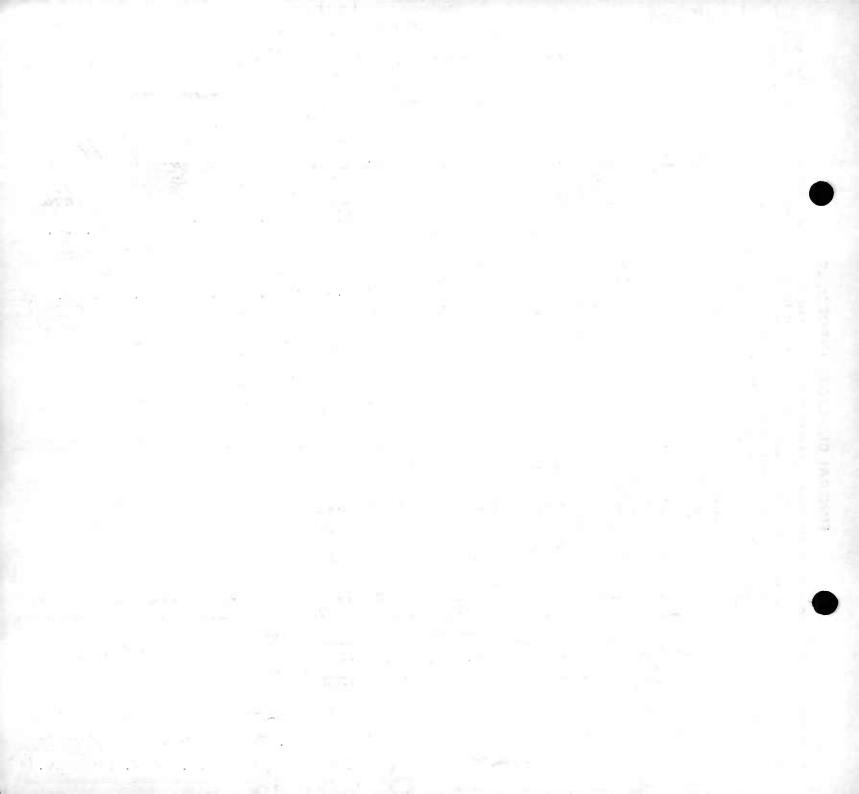
1-512 MEDICAL EVALUATEDIC	CERTIFICATE OF BEATH 71 1085	
	CERTIFICATE OF DEATH REG. NO. 11 1685	
BIRTH NO.		=
I. NAME OF DECEASED (Type or Print)	2. DATE Known Manth Day Year Hour	
James Thompkins	Fstimoted	М.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 2 15 71 4:20 p	
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)	М.
	A. STATE B. COUNTY	
927 S. Hanover St.	Maryland 0.0-01	_
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
male colored WIDOWED DIVORCED	Baltimore YES NO	
9. DATE OF BIRTH 10. AGE (In years I if Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
lost birthdoy) Manths Days Hours Min.		
8-21- 50 i i	927 S. Hanover St.	_
WHAT COUNTRY?	13. PATHER 3 NAME	
Ga	Unknown	
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME	
Re	Fannie	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT ADDRESS	-
Yes, na arunknawn) (If yes, give wor or dotes of service) SECURITY NO.		
	Geraldine Brown 927 Hanover St	_
19. 3 4 5 1/1 CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (A)IMMEDIATE	CAUSE Epilepsy	
(this does not mean the made of dying, e.g., DIFTO. OR	AS A CONSEQUENCE OF:	
heart foilure, osthento, etc. It meons the disease, tnjury ar camplication which caused deoth.)		
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
OF COLUMN (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
O THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)	
	yes	
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	, in or about 22C. WHERE DID (If in Baltimore City, give exact location)	
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. Lame, lorm, foctory, street, office UTING ☐ CAUSE OF DEATH.	ice bldg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY	T WHILE	
m. WORK ATV	WORK	
23.		
I certify that I held an Inquiry Inspection Au		
resulted from: Natural causes X Accident Suici	de Hamicide Undetermined manner	
1111 ASIK 17	CHIEF MEDICAL EXAMINER	
ACTUAL /// // // //	ASSISTANT MEDICAL EYAMINED TO DATE SIGNED	
SIGNATURE M.C	D. —	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
	eputy Chief Medical Examiner 2/16/71	_
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, or county) (State)	
Buriel 2-18-71 mt Club	Very of Balkettet	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	-
EER 10 1071 P.R. S. Jaken M.D.	ADDRESS ADDRESS	
FEB 18 19/1 Jaben E, James, 10,	Yx Ground for morlan ones st	
VS 151-REV. 1/1/68		=

Part of the latest of the late

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BALTIMORE CI	TY HEALTH DEPARTMENT 71 1688
DIKITI IVO.	ATE OF DEATH
(Type or Print) Bert Kent (HERBERT RICHARD KE	ENT) 2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where declared lived, II institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
700 11. 171	E STREET AND NUMBER
Mercy Hospilar	Jos st Vand St.
S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF SIRTH 8 9. AGE (In years 2 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if refired)	Pittsburgh. Penna.
Sales Food Services	Mans Varna U.S.A.
Edward J. Kent	14/MOTHER'S MAIDEN NAME (Agnes Nellie Lyons)
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Mrs. Klice L. Kept, 1808 St. Paul St. 21202
Yes WW1 201-14-682	2d (Hospital Records)
DISEASE OR CONDITION DIRECTLY	Manual A Total
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease, injury or complication which caused death.)	S A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	sphayeal Vance
DISEASES OR CONDITIONS, if any, giving nise to the obove couse (A) staling the UNDERLYING CONDITION last.	as Aconsequence of:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL,	
O 194 DATE OF CONDITION GIVEN IN PART 1 (A).	20 A. AUTOPSY? (Yes or Ne) 208. IF YES, WERE FINDINGS CONSIDERED
IE 015/// /W/ /WW/ YUW	lyes IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.	office bldg INJURY OCCUE? (If In Boltimore City, give exact location)
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At Not W Work At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (1) (this hospital) attended the deceased from	J2-13 19 7/10 Feb 16 1971
that (H) (we) lost sow the deceased alive on	
ond hour and from the couses stoted obove. (1) (We) (did) (did not)	
THENING TOST MIL	Hending Med. Shaff Director Phys. 238 D Afte SIGNED
23C. PHYSICIAN'S NAME (Type)	23 D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY OF C	
	ational Cem. Gettysburg, Pennsylvania
FEB 19 1971 PER E. STANGE OF MIGISTRAN	25C. FUNERAL DIRECTOR ADDRESS STEWART & MOWEN CO.108 W. North Av. (1)
VS 150-REV. 1/1/68	



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

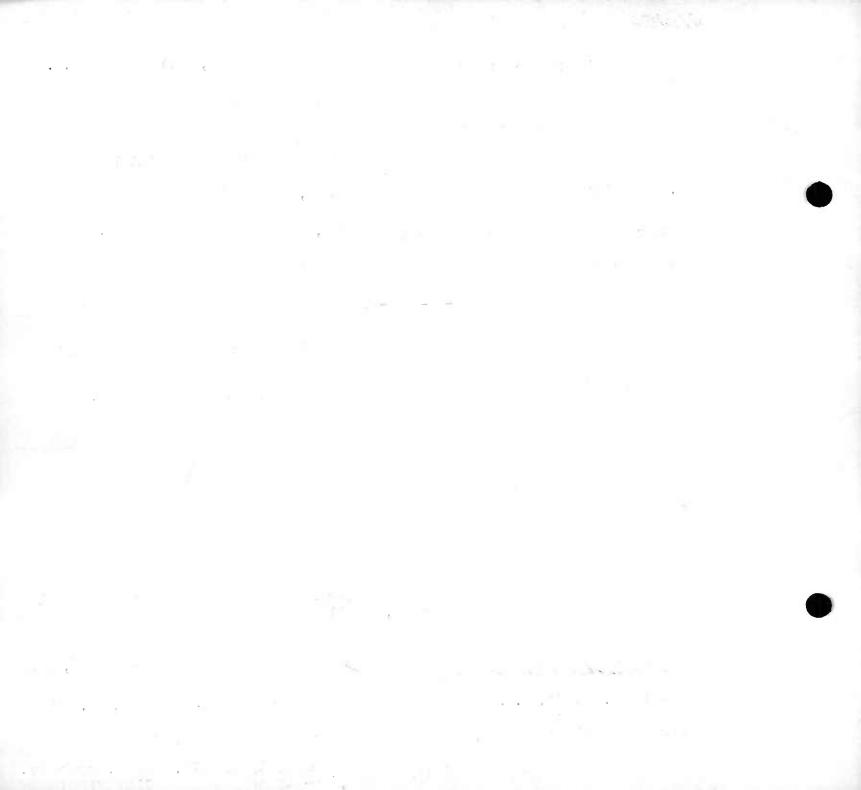
1689

NO 🗆

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

3 days



8-43-67 db	BALTIMORE CITY HEALTH DEPARTMENT 71 1630	. (
7002	NAME OF DESEASED CERTIFICATE OF DEATH REG. NO.	/
	Type or Pant) Baby Boy fexerkin (Roberta) 2/9/7/ 16:30	PM.
a hos cause se; (5) endanc	FULL NAME OF ADDRESS OR LOCATION) NSTITUTION ADDRESS OR LOCATION) Baltimore YES NO	lmission)
red in outing ed cau ar att	4940 Eastern Avenue Balto, Md. 21224 E. STREET AND NUMBER 1316 Whatcoat St. 21217 007	
occur ontrib ermin	6. RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) If Under 1 Yr. If Under 1 Amonths Doys Hours If Under 1 Yr. If Under 1	24 Hrs. Min.
王. 프트히	one during most of working life, even if refired) Maryland USA	OGNIKII
direct or (4) Und	James Peterkin Roberta Floyd	
Ssistant the dir thind; (death ince on	5. Wos Deceosed Ever in U. S. Armed Forces? (es,no or unknown) Uf yes, give wor er doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 4940 Eastern Ave. ADDRESS BCH—Records Baltimore, Md. 21224	
IMPO or his a Also, if Also, if anounced antenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nal meon the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: 28 WREKS	
DIRECTICAL exarcal exa	DISEASES OR CONDITIONS, if ony, giving is to the obave cause IA) stating the UNDERLYING CONDITION tast. (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C)	
chief chief chief a r Body the p		Yes
y the ital H	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in Boltimore City, give exact location) home, form, foctory, street, allice bidg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Year) (Heart) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At The Not While The Property of the Propert	
ny ny ang	22. I certify that (f) (this hospito)) ottended the deceosed fram 19 // to 19	17/
of a	that (I) (we) lost saw the deceased alive on	the dote
S D O O	23A. SIGNATURE Attending Med. Staff Phys. 23B. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S 23D. ADDRESS 40AO II	
ficat was () An A. at d prio	NAME (Type CS/1e flotnick DEGREE Ballowith City Hospital	1224 (Stote)
This certif the body shows: (1) was D.O.A	Cremation" 2-10-71 Baltimore city hospitals Baltimore, Maryland 21224	10.000
This the back was dece	SA, DATE REC'D BY HEALTH DEPT. 25R. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 150-REV. 1/1/68	

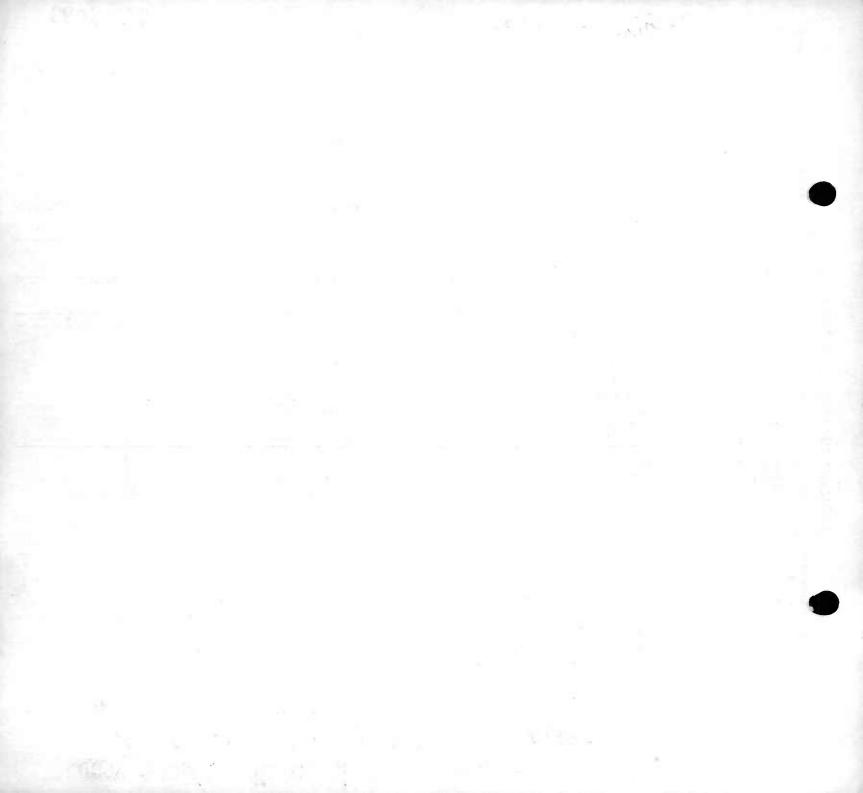
1023 N. Eulton and when Baby was som whatevat Old and.

	BALTIMORE CITY HEALTH DEPARTMENT
BIR	CERTIFICATE OF DEATH REG. NO. 11 1691
1. N	AME OF DECEASED 2. DATE AND HOUR OF DEATH
3	LACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
FU	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) A. STATE B. COUNTY Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
	10 4613 Park Heights APC E. STREET AND NUMBER
	Balto Md 21215 3500 Copley Road
5. 5	EX 6. RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In years lost birthday) 9. AGE (In years lost birthday) Months Days Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY of working life, even if retired)
don	Domestic Annapolis, Maryland U.S.A.
13.	ATHER'S NAME 14. MOTHER'S MAIDEN NAME
	James Jones Rose Ella Randell
15.	Was Deceased Ever in U. S. Armed Forces? In a of unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.
.16	No SECURITY NO. 219-16-3626 Frederick Wilson ,2850 W. Garrison Ave.
	LEADING TO DEATH (This does not mean the mode all dying, e.g., heart failure, astherials, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION lost. (A) IMMEDIATE AUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C)
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) IN CERTIFYING CAUSES OF DEATH?
CAL CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 10 10 10 10 10 10 10 1
EDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY
٤	(APPROX.) While At Work At Work
	22, I certify that (I) (this hospital) attended the deceased fram
	that (i) (we) last saw the deceosed olive an
	ond haur gnd from the couses stated obove. (1) (We taid) (did nat) view the body ofter deoth.
	Attending Med. Staff 23B. DATE SIGNED 23B.
	23C. PHYSICIAN'S NAME (Type) wow A. Rubi perset
24/	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
E	urial 2/13/71 Mt. Calvary Cemetery Baltimore, Maryland
	. DATE RECIDO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
E	8 19 1977 Robert & Jack Ro 1 C Kenneth H Law, 409 Park Heights Ave.
VS.	150-REV. 1/1/6B

- 1

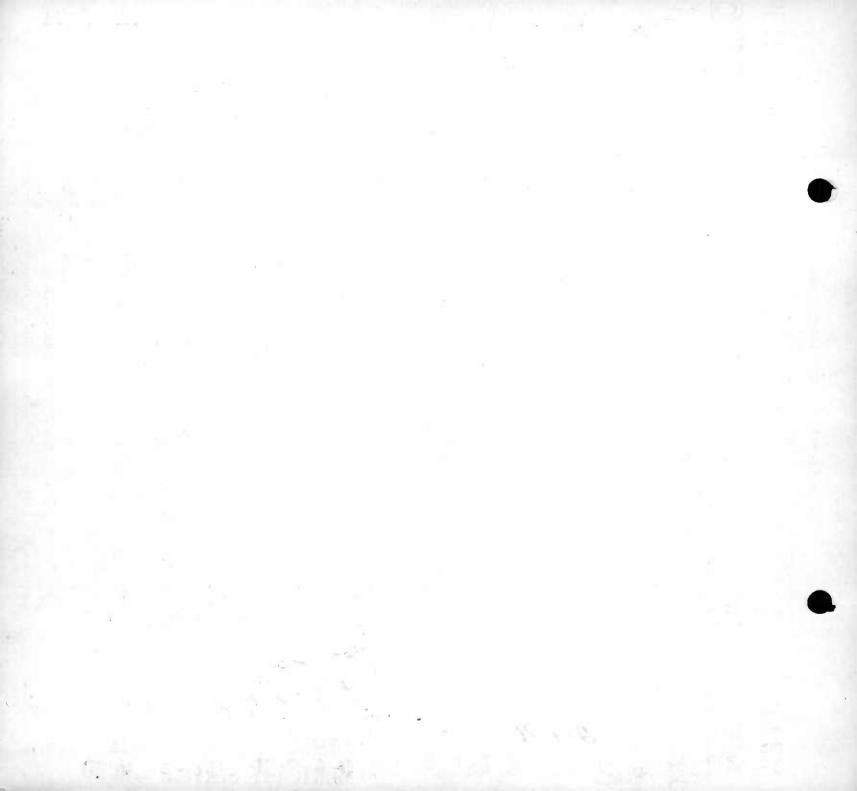
W-300 71 16	92 CERTIFICA			REG. N	0	71 1692	
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1. NAME OF DECEASED (Type or Print) Wood, Emmett		2		L7/71		0 A.M	M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDE	B. COUN	e deceased live TY	d. If institut	ion; residence before admi	is sion)
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Md.	1	Baltim	. INSIDE C	_	3
45		Baltimo			YES	NO .	
The Good Samaritan Ho	spital	E. STREET AND N		ood Ave	. 2	1216	
5. SEX 6. RACE 7. MARR	RIED *NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In year	s If	Under 1 Yr. , If Under 2	4 Hrs
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done during most of working life, even if retired)	on Workers	Clarks			112	U.S.A.	UNIK
13. FATHER'S NAME	on workers	14. MOTHER'S MA	AIDEN NAA	ΛE			
Charles H. Wood		Katheri	ine Ga	yles			
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT				ADDRESS	
(Yes, no or unknown) (If yes, give wor or dotes of servi	215-05-4800	Eleanor W	wood,	2409 We	stwoo	d Ave.	
(This does not meen the made of dying, heart failure, asthenia, etc. II means the dise injury ar complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the above cause (A) stating UNDERLYING CONDITION last.	ving (B) Mul	ISE ANDLE CONSEQUENCE		•		1 ус.	
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19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY?	Yes or No	IN CERTIFYIN	WERE FIND IG CAUSES	INGS CONSIDERED OF DEATH?	
ZIA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or about 21 C. WH fice bldg., INJURY	ERE DID OCCUR?	(If in E	Soltimore Cit	y, give exact location)	
21 D. TIME (Month) (Dov) (Year) (Hour)	21E. INJURY OCCURRED	21F. HO	M DID IN	URY OCCUR?			
OF INJURY (APPROX.)	While At Not While Work At Work	e 🗍					
22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	ed the deceased fram 1an 2-17-71		and th	19ta at in(<u>my</u>) (au	2-1 r) apinian	1-11 19 death accurred an th	ne dat
and haur and fram the causes stated abav	re. (1) (We) (did) (did nat) v	iew the bady att	er death.		loo s	B. DATE SIGNED	
23A. SIGNATURE	Dhu	ending Med	d.	Staff Phys.	238	2-17-71	
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	Cerra	rilogh H	ospi	H .	
STEVE L JOHN	DEGREE	6 7 5			- (
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify) 24B.	C. NAME of CEMETERY OF CR	MATORY	24D. L	OCATION	(City, to	own, or county) (S	tote)
	Arbutus Memoria	l Park	Bal	timore,	Mary!	land	
	ME OF REGISTRAR	25C. FUNERAL	DIRECTOR			ADDRESS	
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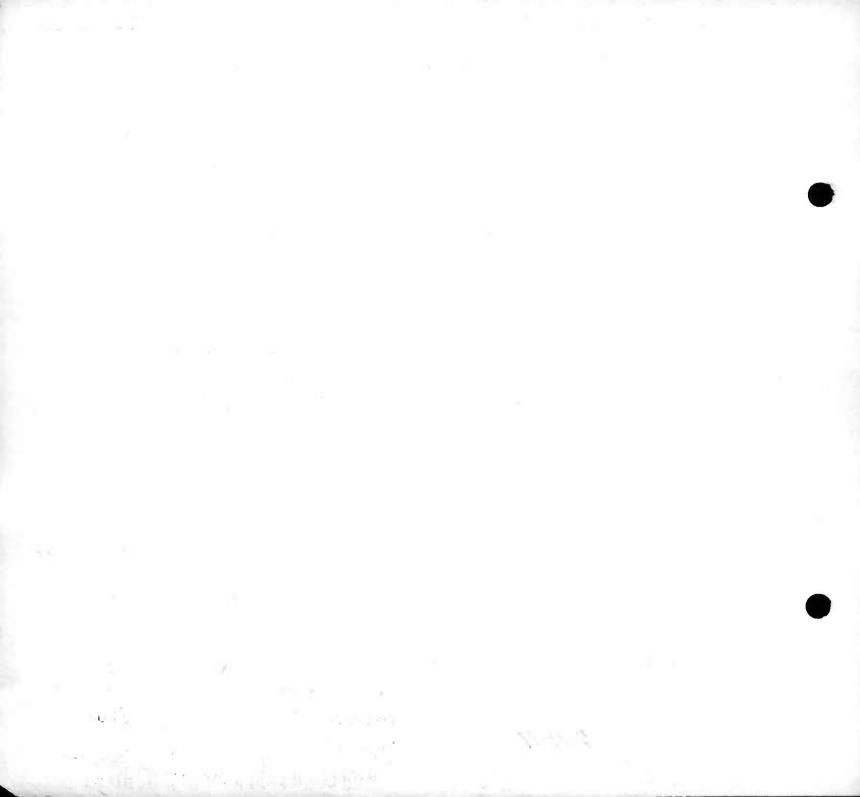
10 -13	Prid to the		HEALTH DEPARTMENT	1	ru 4 000					
BIRTH NO. 11-0385	$\frac{71}{3}$ 1693	CERTIFICA	TE OF DEATH	REG. NO	71 1693					
1. NAME OF DECEASED (Type or Print)	By Boy	POTTER	2. DATE AN	HOUR OF DEATH	410 DM					
3. PLACE IN BALTIMORE, MA	RYLAND, WHERE PROP	OUNCED DEAD	A. STATE B. COUN	e deceased lived. Il in	nstitution: residence before admission)					
FULL NAME OF (IF NOT HOSPITAL OR ADDRES	IN HOSPITAL OR INS	NTUTION, GIVE STREET	C. CITY OR TOWN		15-48 SIDE CITY LIMITS?					
37 M	TRCY HOW	WAR INC	E. STREET AND NUMBER	ROSCYN	VES NO NO					
5. SEK 6. RACE	FOR WIDOWE	D NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 26 Hrs. Manths Days Haurs Min.					
IOA, USUAL OCCUPATION (Give			11. BIRTHPLACE (Stoto or lorei	an country)	12. CITIZEN OF WHAT COUNTRY?					
done during most of working life, ev	en if retired)		/	•,,						
13. FATHER'S NAME CENTL	vows"		14. MOTHER'S MAIDEN NAT	TTER						
15. Was Deceased Ever In U. S. (Yes, no ar unknown) (If yes, give	Armed Forces? war or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	·	ADDRESS					
18. 17 -7 1 X 1		CAUSE OF DEAT	! H		APPROXIMATE INTERVAL					
DISEASE OR CONT	OITION DIRECTLY				BETWEEN ONSET AND DEATH					
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(This does not mean the heart failure, asthenia, etc.	mode of dying, e.	DUSTO OP AS	A CONSEQUENCE OF:							
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rise to the above c UNDERLYING CONDITIO	ause (A) stating th	(C)	**********************************							
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OTHER SIGNIFICANT COND	TIONS CONTRIBUTING	3								
DISEASE OR CONDITION GI	VEN IN PART 1 (A).	***************************************	***************************************							
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OR CONTRIBUTING CAU OR CONTRIBUTING CAU ODEATH (notify medical exan ODEATH (Month) (D OF INJURY	ISE OF In	IBPLACE OF INJURY (e.g., in ome, form, foctory, street, of ic.)	n or about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimor	re City, give exact location)					
21D.TIME (Month) (D	oy) (Year) (Hour) 2	E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?						
(APPROX)		Vhile At While			10/0					
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that (I) (we) last saw th	A Secretary of the second	- 1111	7_//19and the	at In (my) (our) opl	nion death accurred on the date					
and hour and fram the co	and hour and fram the causes stated abave (1) (We) (did) (did nat) view the bady after death.									
23A. SIGNATURE	60 D. H		nding Med.	Stoff	23B. DATE SIGNED					
23C. PHYSICIAN'S NAME (Type)		Phys	23D. ADDRESS	Phys. La	2.4 00 2.4					
EKSEK	200 8.00	WYNE Salfecte	LITANU BALD	TO OF MIM	DVPOND- PARL HO					
24A. BURIAL CREMATION, 24E REMOVAL (Specify)	DATE 24C.	NAME of CEMETERY OF	MANUEL DUNE	STATIONAL ATLANT	n), lowing or county) (State)					
	2-14-71	TTR	HVEDCITY MI	DICAL CO	1000					
25A, DATE REC'D BY HEALTH	DEPT. 258. NAME	OF REGISTRAR	TO SEPTEMBERAL DIRECTOR	DICKE SI	ADDRESS					
FEB 19 1971 0	Cobert El Fails	WA O O	MORTEAR	SERVIC	FIRCAD					
VS 150-REV. 1/1/68		1.00	A 11.0. A. A. A. A.							



VS 150-REV.

BALTIMORE CITY HEALTH DEPARTMENT





IMPORTANT

DIRECTOR:

FUNERAL



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1.	NAME OF DEC	EASED			===		2. DATE	Known	1 2]	Month	Day	Year	lu	-
(Ty	pe or Print)	Rac	chae1	Robin	ison		OF		ted 🔲 i	Monin	Day	rear	Hour	
4.	PLACE IN BAL					NCED DEAD	DEATH 3. DATE	2377110		Month	Day	Year	Hour	M
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION							NCED DE		2	8	71	6:40	рм	
6	1	e in th	ne Pine	s			A. STATE		land	deceased li	B. COUNT	tion: residence Y	B - A	ssion)
6.	SEX	7. RACE		8. MARR	IED 🔲	NEVER MARRIED	C. CITY OR				D. INSIDE	CITY LIMITS?	- 4	
f	emale	white	2	WIDOW	/ED	DIVORCED	1	altim	ore			YES 🗌	No [7]	
9. [DATE OF BIRTH	1	10. AGE (In lost birthdo)	yeors	# Unde	r I Yr. II Under 24 Hrs Doys Hours Min.	E. STREET	ND NUN	ABER	. 1 .		153	NO L	
11.	BIRTHPLACE (S	tate or lareid	n country)	00	12 CITI	ZEN OF	13. FATHER	27 Dr	uid	Park]	or.			
						AT COUNTRY?	IS. PATHER	3 NAME						
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ion	e during most of w	orking life, ev	en il retired)	148. KIND	OF BUS	SINESS OR INDUSTR	Y 15. MOTHE	'S MAIDE	IN NAM	E				
16. Ye:	WAS DECEASE	D EVER IN	U.S. AR MED	FORCES	? 17	SOCIAL SECURITY NO.	18. INFORM	ANT				ADDRESS		
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		EADING TO				Arteri	sclerot	ic ca	rdiov	ascu1	ar dis	ease		
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П	injury or com	plicotion which	. It means the ch coused dea	lh.)										
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FICATION	TO THE DEA	TH BUT NOT	RELATED TO T	HE TERMI	ING NAL									
RT					OR WH	ICH OPERATION W	AS PERFORM	D				21 AUTC	PSY? (Yes o	r No
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	NAME (Ty		rner U.	Shi	tz. 1	M.D. T	eputy C	hief 1			aminer	2/	9/71	
24/	BURIAL CREM	ATION. 2	4B. DATE		24C. N	AME of CEMETERY	OF CREMATO	Y D	210-16	CAHON	Cive	Estor Action	Stol	le)
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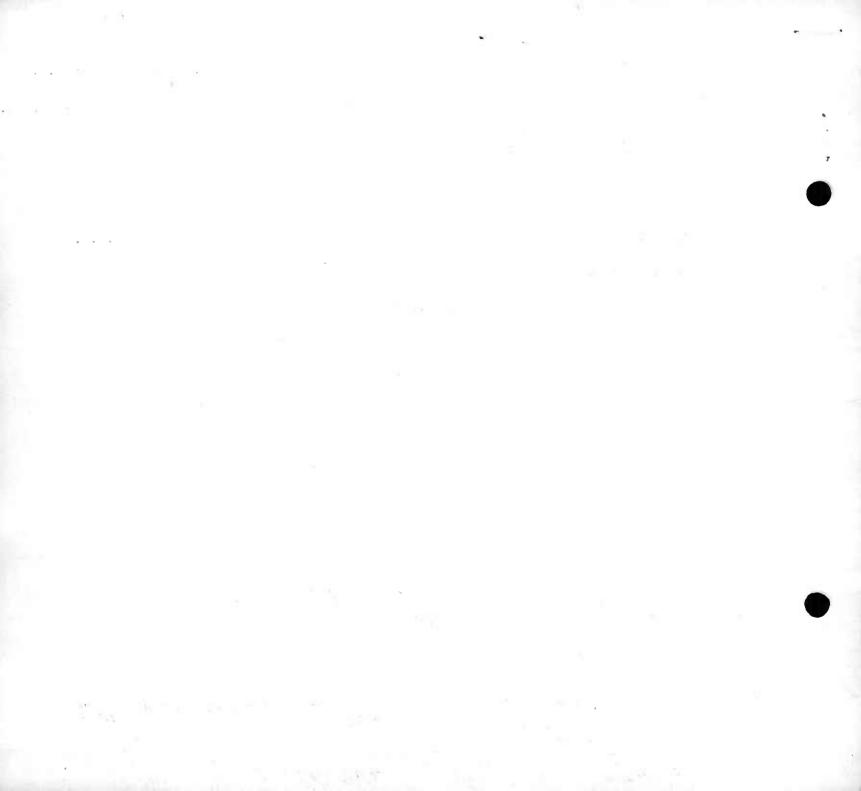
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DIRECTOR:

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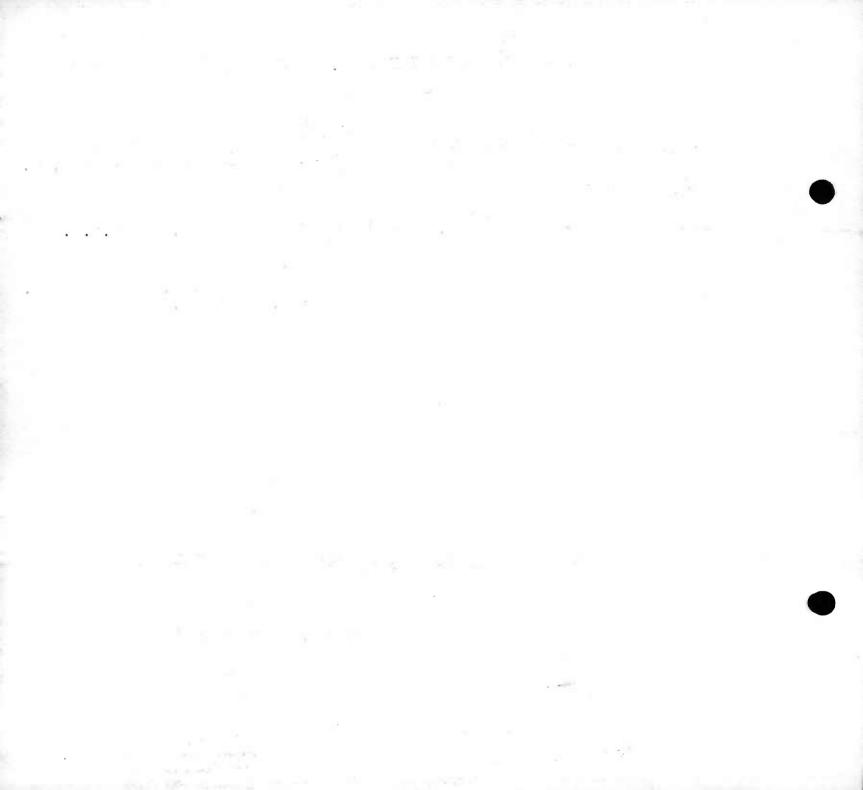
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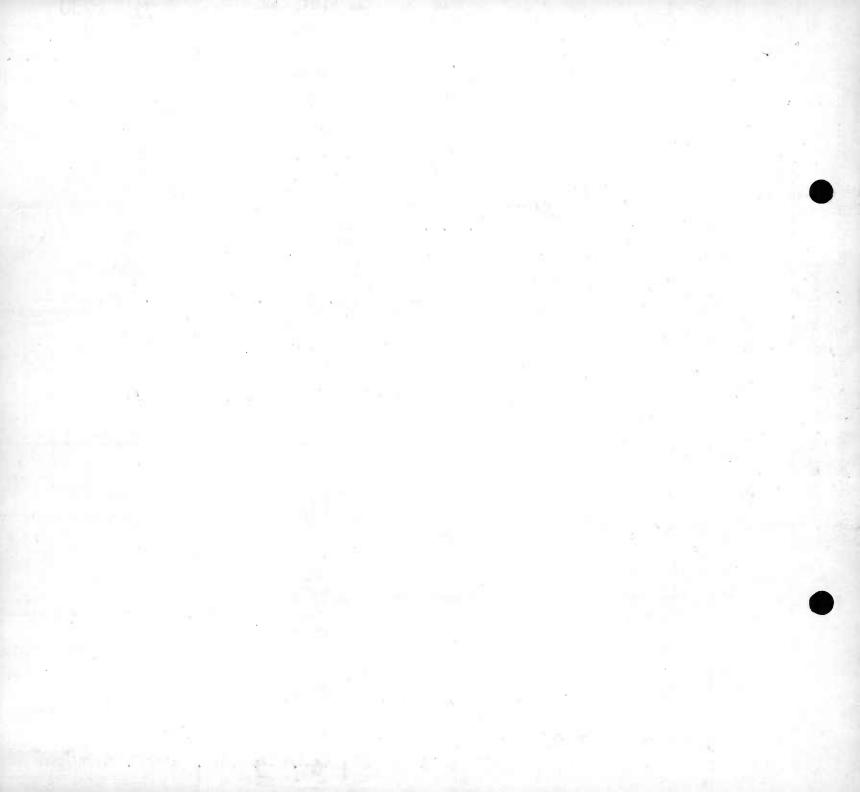
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VS 150-REV. 1/1/68

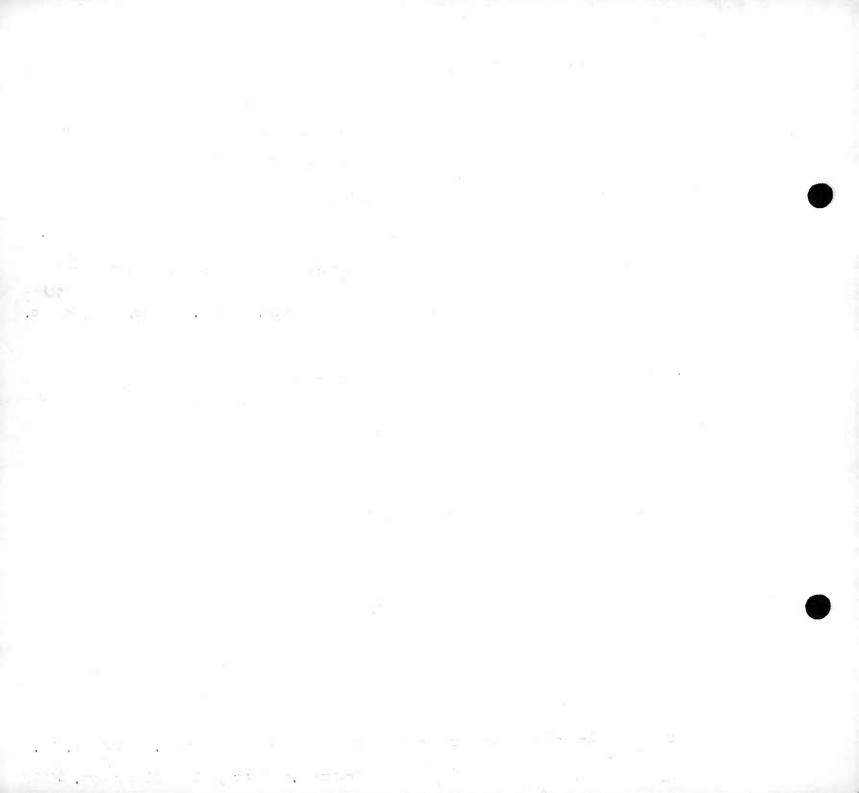


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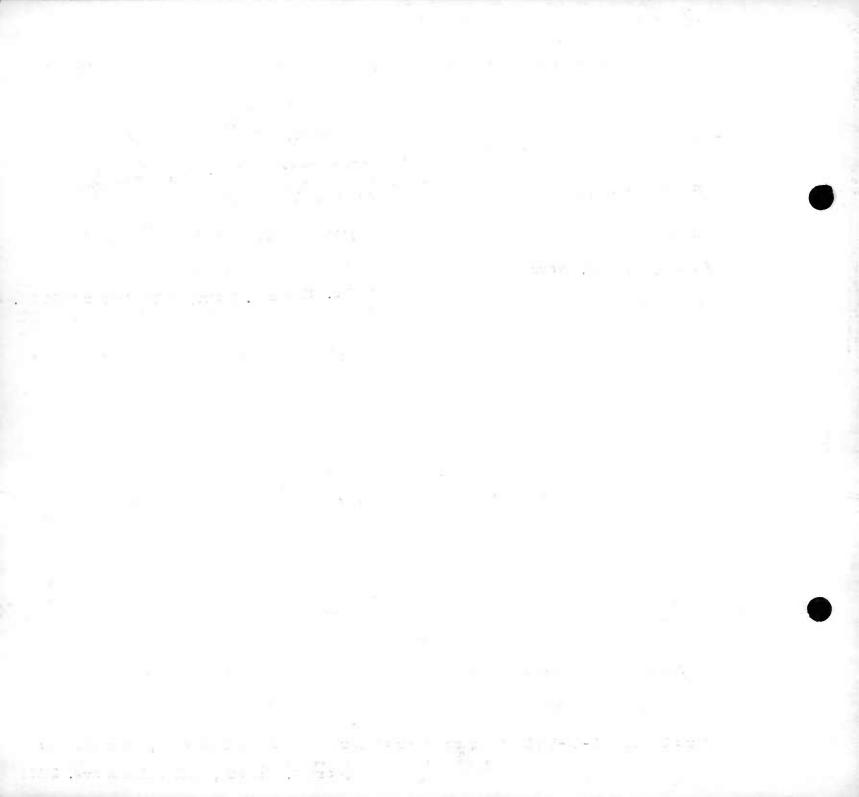
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	TH NO.	71	1700	CERTIFICA	TE C		REG. NO		2,00	
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3.	PLACE IN BAL	TIMORE, MARYLANI	D, WHERE PROP	OUNCED DEAD	A. STAT	E B. COUN	ITY	If institution: re	esidence before admiss	ion)
HC	LL NAME OF	(IF NOT IN HO	SPITAL OR INS	TITUTION, GIVE STREET	11	Maryland		INSIDE CITY LI	6-01	
IN:	STITUTION 2				11	ltimore	J.	YES X	NO 🗌	
-	The	Johns Hop	kins Ho	ospital	E. STRE	ET AND NUMBER	C.			
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	Male	White	WIDOWI	DIVORCED DIVORCED		19/8/694	lost birthdoy)	4 If Unde Manths	Doys Haurs Min	113.
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		onductor	Pen	na. R.R.	Ma	ryland		U	ISA	
13.	FATHER'S NA	ME Thomas Si	mm c		14. MO	THER'S MAIDEN NA		1		
							n e Bis	ino p	**	
15. (Yes	s, no or unknown	(If yes, give wor or	d Forces? dotes of service	1 6. SOCIAL SECURITY NO.	17. INFO		C . 1. 1	ONC	ADDRESS	
	No			717 07-83//		. Edna F.	Summs 41	0 N. Jt		
	IB. 4/L	SE OR CONDITION	DIRECTLY	CAUSE OF DEAT	н	O			APPROXIMATE INTERVA	
		LEADING TO DEA	ATH	(A) IMMEDIATE CA	U5E	ardia	carr	est	unknow	n
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ERTIFIC	0	WAS	PERFORMED			NO.	1N CERTIFYING	CAUSES OF	DEATH?	
0	OR CONTRIBL	NT WAS UNDERLYING CAUSE OF	NG 🗌	21 B. PLACE OF INJURY (e.g., nome, form, factory, street,	in or obou ffice bldg.	21C. WHERE DID	(If in Bol	Itimore City, giv	e exact location)	
DICAL		medical examiner)		etc.)						
MEC	21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Y		While At Not Whi	le \square	21F. HOW DID INJ	URY OCCUR?			
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	23C. PHYSICIA NAME (T	ype)		1.7 M. D	23D. ADI		T 1 - 1		- 3	
244	RIIRIAI COS	Herber	t B. A.	Lien, M.D. NAME of CEMETERY of CE		ie Johns F	OCATION			2)
Z4P	REMOVAL (11-	1.6		4		(City, town, o		11
2SA	DURIAL DATE REC'D	HUNEFULTH DEPT.		inkwood (emete E OF REGISTRAR		FUNERAL DIRECTOR		"arylar	ADDRESS	
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		16 01// 14 4-04	HEALTH DEPARTMENT	71 1701
	2002	BIRTH NO. 71 1701 CERTIFICA	TE OF DEATH REG. NO.	
	an eat ase ase th	1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	oital and of death Deceased on the ith. Such	(Type or Print) MICHAEL A. SADLER		
	ئ. ب. و ج	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If ins	1 - AN
	<u> </u>		A COUNTY	strution: lesidence betare damission)
	hos ise (5) an de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. BALTO Bal	to (n 53-00
	o de co	INSTITUTION		DE CITY LIMITS?
	1 0 0 0	UNIVERSITY OF MD. HOSPITAL	LANDSDOWNE	YES NO 🗓
	- 5 5 5 5 E		E. STREET AND NUMBER	
	9 5 9 6	_\3 /	9 CLYDE AUE	
	25.5.20	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.
	ntrum mer	CAU. WIDOWED DIVORCED	2/24/08 62	Months Days Haus Min.
	0 0 1 0 1	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if jetired)	11. BIRTHPLACE (State or loveign country)	12. CITIZEN OF WHAT COUNTRY
	5.8.58.0	EQUIP. OPERATOR BACTO. Co. HIGHWAY	MD.	US- A.
	de Coe	10 54 5115 514 415	14. MOTHER'S MAIDEN NAME	7
_ :	wa wa the	JOSEPH SADLER		n 12n
Ż	dis		MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Agnes Doran
		15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS 21227
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<u>.</u>	or and	DISEASE OR CONDITION DIRECTLY ACUTE	RETROGRADE ADRTIC DISS	BETWEEN ONSET AND DEATH
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2	0 × 6 × 6	rise to the abave cause (A) stating the	And An all X	= 1/11/14/11/
מוש.	ral cal cal cal cal cal cal cal cal cal c	UNDERLYING CONDITION last. (C) CORON	ARY ARTERY DISEA	SEUNDAND
<u>.</u>	ica ica ica sica va	z II		
₹	bed a	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)		
% ,	EZUDO		100 A	*********
FUNERA	a bod a sist	世12 - WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	INDINGS CONSIDERED
5	P P P P P P P P P P P P P P P P P P P	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	THE THE PERSON OF THE PERSON O	
- ;	9 9 9 9	O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or contributing 21B. PLACE OF INJURY (e.g., in home, form, loctory, street, also etc.)	ce bldg. INJURY OCCUR?	City, give exoci location)
	d Kanga	O CONTROL OF STATE OF		
	pt pt (6)	21D. TIME (Month) IDay) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At [] Not While	21F. HOW DID INJURY OCCUR?	
,	a a a a a	While At Not While At Work		
	op x b ta	22. I certify that (I) (this hospital) attended the deceased fram	0/6/7/ 19 ta 3	1/5/7/ 19
		that (I) ((we) last saw the deceased alive on (5 FG)		
	a 0 0 ÷ =	and haur and fram the causes stated abave. (i) (Wel/(dld) (dld nat) vi-	- The state of the	lan death accurred on the date
-	dent dent deat deat	23A. SIGNATURE		
	7 6 0 2 -			23B, DATE SIGNED
	E O O D O D	Attended The Decree		15 FEB 7/
	An a for a prior	23C. PHYSICIAN'S NAME (Type)	3D. ADDRESS	
	y was relly was relly An acc 3.A. at a lod prior to	V. J. OLDROYD M.D. DEGREE	UNIVERSITY HOSPIT	TAC
	2000 E	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREATERY	MATORY 24D. LOCATION (City.	, town, or county) (Stote)
	the body was randows: (1) An a was books: (2) An a was D.O.A. at deceased prior	Burial 2-19-1971 Meadowridge Cemet	Line him and in	77 1 0
	it con	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	. Howard Co. Md.
i	This the bashow was decement	1 FFB 19 1971 Paber & Jaber 70.0 0		
		VS 150-REV. 1/1/6B	Howard H. Hubbard, 4107 W	11kens Ave. 21229



10	100				BALTIMORE CITY	HEALTH DEPART	MENT	,	17-1	4509	
BIRTH 1	NO.	71	17	20'	CERTIFICA	TE OF DEA	ATH	REG. NO.	11	1702	
	E OF DECEAS	SED O	1			2.	DATE AND	D HOUR OF DEAT	Н		
		PH	HRI		LAUDIA	JO	2-16	, ,		1-37	P
					UNCED DEAD	A. STATE	B. COUNT	deceased lived. If	institution:	residence before	odmission)
FULL N HOSPIT INSTITU	IAME OF AL OR ITION	(IF NOT IN ADDRESS (HOSPITA OR LOCA	AL OR INSTITUTION)	TUTION. GIVE STREET	C. CITY OR TOWN	13011	DIAWN D. II	VSIDE CITY	LIMITS?	-00
1 9	1 - 1	Ham	n'Les	10 1	Baltimore		XXXXX	;	YES X	No	
	Ha	11.1		6		E. STREET AND NE		* mill	Road	,	
5. SEX		RACE		7. MARRIED	NEVER MARRIED X	8. DATE OF BIRTH	9	. AGE (In years	If Und	or 1 Yr. If Und	der 24 Hrs.
1		White		WIDOWED		12-8-63		ast birthday)	Months	Doys Hours	Min.
done duri	JAL OCCUPA ing most of work	TION (Give kin	d of work	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Sto	ote or loreig	n Country)	12. CIT	ZEN OF WHAT	COUNTRY
	ild		,			KKXXXXX	North	Carolina	u	S. A.	
13. FATH	ER'S NAME					14. MOTHER'S MAI					
00	ande	W	Phar	r		Zoole	200 1	Escue			
15. Was	Deceased Eve	in II. S A	mad Fore	?	1 6. SOCIAL	17. INFORMANT	THU			ADDRESS	
(Yes, no o	r unknown) III	yes, give wo	r or doles	of service)	SECURITY NO.	DR. K.C. J	ude W	Schar, 6	615 Wi	inds or Mi	11 Rd
18.	486	14			CAUSE OF DEAT	1				APPROXIMATE	INTERVAL
		R CONDITI		ECTLY						BETWEEN ONSET	ANG GEATH
(Thi	LEA s does not i	DING TO		duine non	(A)IMMEDIATE CAU		mon	ia		400	lys.
hea	rt failure, asti	ienio, elc. Il	means	the disease.	DUE TO, OR AS	CONSEQUENCE OF				******************	<i>y</i>
เทโด	ry ar camplic			death.)							
		ECEDENT C			(8)						
rise	EASES OR I	bave caus	e (A)	ny, giving sloling the	DUE TO, OR AS	A CONSEQUENCE O	F:				**************************************
UNI	DERLYING C	ONDITION	ast.	- W	(C)	*******************					
Z		- 11									
E 110 1	ER SIGNIFICAT	JT NOTRELAT	ED TO THE	E TERMINAL	Cerebr	nl Pals	24				
U 110 A	DATE OF OP	ERATION TO 19	B. COND	1 (A).	WHICH OPERATION	20A. AUTOPSY? (Y	Yes or Noll	20R IF YES WED	E EINDINGS	CONSIDERED	
21A.		w	AS PERFO	DRMED				208, IF YES, WER	AUSES OF	DEATH?	
OP (ACCIDENT W	VAS UNDERL	YING	21B	PLACE OF INJURY (e.g., in	or about 21C. WHER	E DID	(II in Boltim	ore City, giv	e exact location)	
DEAT	TH (natify med	licol examine)	etc.	le, lorm, fociary, street, of	ice bidg., INJURY OC	C CU R?				
21D.	TIME (Me	onth) (Doy)	(Yeor)	(Hous) 21 E	INJURY OCCURRED	21F. HOW	DID INJU	RY OCCUR?			
2 0 1	NJURY ROX.)				ile At Not While	4					
22	Lancel for Ahar	/1\/Abia b		Wo	nk L At Work					,	
	(I) (we) las				O 14	1971		71_ta		الـــــــــان	7.1
I								In (my) (our) of	pinion dea	th accurred ar	the date
23A.	SIGNATURE	m the cous	es state	a abave. (I) (We) (dld) (did not) vi	ew the body after	death.				
	Kagn	0	. 9	- 1	ALD . Atter	ding Med.	☐ Si	laff 🕎	111	E SIGNED	
23 C.	PHYSICIAN'S	- Ch	ane	ra /c	OEGREE Phys.	Directo	or L. Pi	nys.	12	-16-71	
	PHYSICIAN'S NAME (Type)	, (SAU		MD	3D. ADDRESS	11	- 10.00		n .	
24A. BIII	TAL CREAMAT	(DEGREE	dihai	40	sportal	2 K	Salpin	ore
REA	MOVAL (Speci		ATE		ME of CEMETERY of CRE	MATORY	24D. LOC	ATION (City, town, o	or county!	(Stote)
Bur			18-19		ncrest Memoria		Poir	nt Pleasar	nt , We	st Virgi	nia
25A. DA	D 1 n 4	HEALTH DEP	Q A C	SB. NAME C	F REGISTRAR	25C. FUNERAL D	RECTOR			ADDRESS	
TE	B 19	VIG	CEND	4 44400		Howard H	₩ Hulbl	bard, 4107	/ Wilke	ens Ave.	21229



Cedar Hill Cemetery

VS 151-REV. 1/1/68

256 JUNERAL DIRECTOR Simmons Bros 1661-Good Hope Rd SE

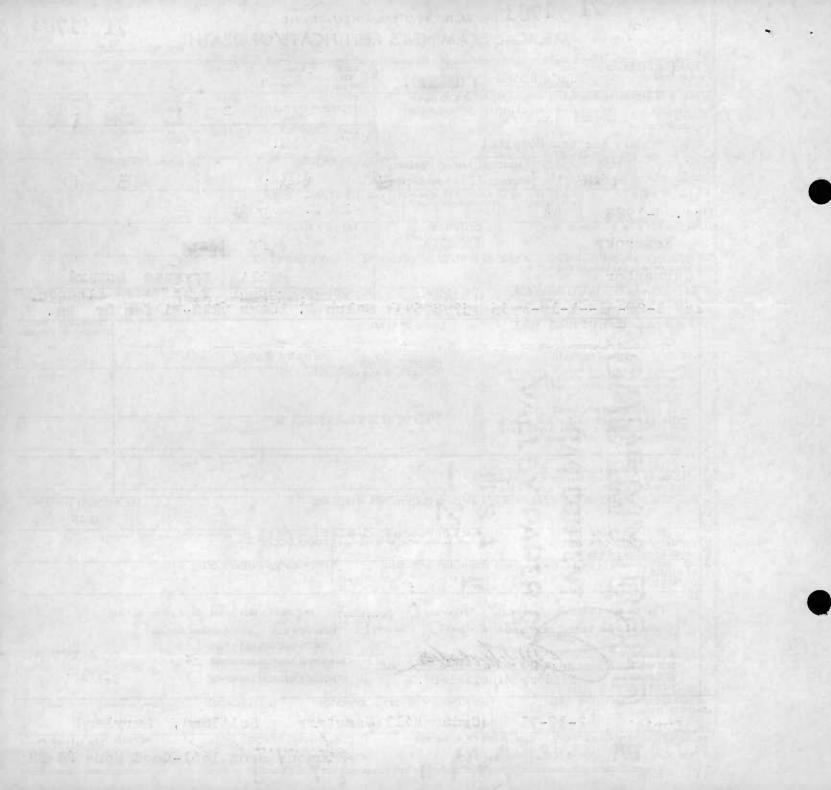
Burial 25A DATE REC'D BY HEALTH DEPT.

2-17-71

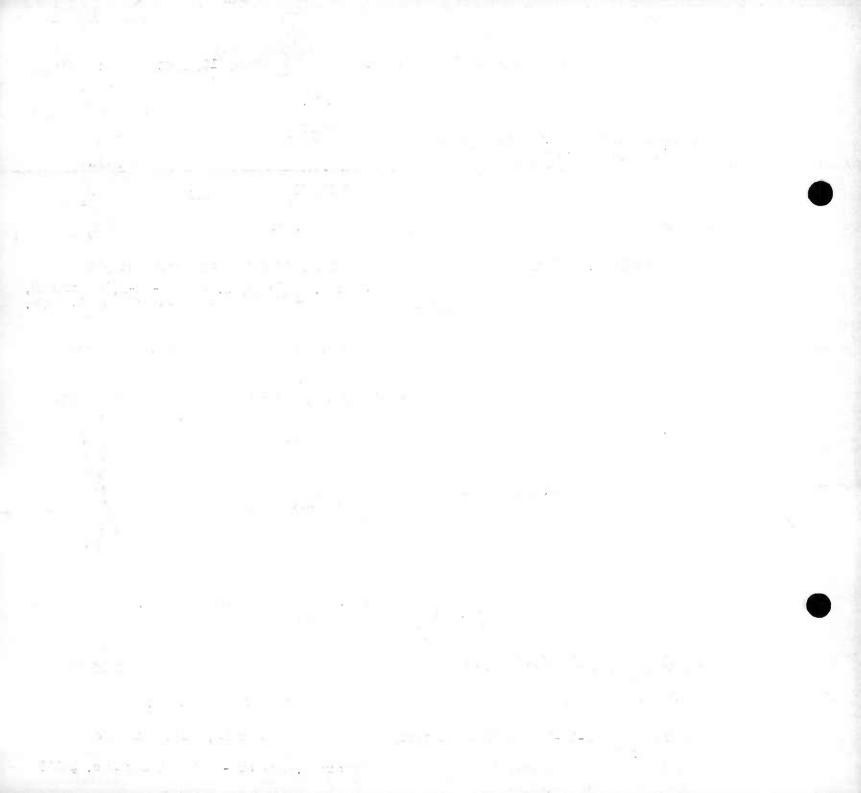
258. NAME OF REGISTRAR

Suitland.

Maryland



VS 150-REV. 1/1/68



IMPORTANT

DIRECTOR:

FUNERAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence YES X If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. Mrs. Mary H. Krug, 2740 Georgetown Rd. 21230 20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that Ir((my) (aur) apinion death accurred on the date 23B. DATE SIGNED 5404 East Drive, Baltimore, Maryland 21227 deceased Baltimore, Maryland Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/68

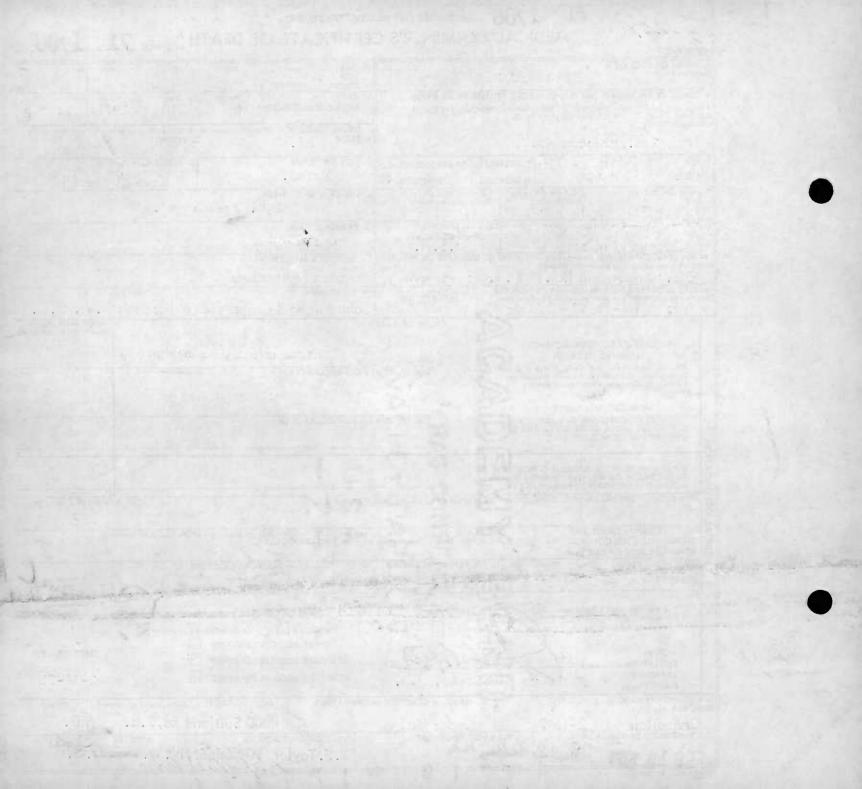
NO

ADDRESS

APPROXIMATE INTERVAL

Commence of the Commence of th L AND FR

71 1706 BALTIMORE CITY HE	ALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 1706
BIRTH NC.	REG. NO.
(Type or Print)	2. DATE Known Month Day Year Hour
HOWARD GRIGSDI	OF DEATH Estimoted .
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	2 13 1971 1 2.55 P
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
2 E. Preston St.	Md. //-0 &
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white widowed Divorced	Balto. YES 🖺 NO 🗌
9. DATE OF BIRTH 10. AGE (in yeors If Under 1 Yr. II Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER
IJ FED ZZ	2 E. Preston St.
11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Chicago Llinoise WHAT COUNTRY?	Heber Grigsby
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
Exc. Management IRS. U.S. Government	Gretna Mullendore
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or doles of service) SECURITY NO.	18. INFORMANT ADDRESS
Yes 4-13-42 - 29 Dec 43 316 09 7035	John Michael Grigsby 2057 Park Rd, N.W. D.C.
19.43 191 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE C	AUSE Intracerebral hemorrhage
heart loilure, osthenio, etc. Il meons the disease. DUE TO, OR A	AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.	In or obout 22C. WHERE DID (II in Boltimore City, give exact location)
☐ UTING LI CAUSE OF DEATH.	
OF INJURY	22F. HOW DID INJURY OCCUR?
m.IWORK AT W	WHILE D
23.	
	opsy 13 and that on this basis, death in my apinlan
resulted from: Natural causes Accident Suicid	e Hamicide Undetermined manner
ACTUAL Aday & All A	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE THE MICHAELE PART M.D.	
EXAMINER'S Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER 2-14-71
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	CORMANDO
REMOVAL (Specify)	(city, town, or county) (Stole)
Cremation 2-16-71 Cedar Hill	4000 Suitland Rd, S.E. MD.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FFB 19 1971 Paber & Jaber M. M.	B.F. Taylor, 909 6th St. N. W. D.C.
VS 151-REV. 1/1/68	O DO JULIE



	DICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO.	1 1207
BIRTH NO.		REG. NO.	
1. NAME OF DECEASED (Type or Print) ANNII	E THOMAS	2. DAIE Known A Manth Doy OF DEATH Estimated February 18,	Yeor Hour 1971 12:00 A.
4. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCATION OR INSTITUTION	AL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD February 18.	1971 12:00 A
3 3 Johns Hopkins	Hospital	5. USUAL RESIDENCE (Where deceased lived, if institution A, STATE Maryland B, COUNTY	n: residence before odmission)
6. SEX 7. RACE	8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	ITY LIMITS?
Female Negro	WIDOWED DIVORCED	Baltimore Y	ES NO
9. DATE OF BIRTH 10.AGE			
Sept. 3. 1914 last birthdo	56	1645 N. Milton Avenue	
11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF	13. FATHER'S NAME	
S. Carolinia	WHAT COUNTRY?	Here and Toleranon)	
T4A.USUAL OCCUPATION (Give kind of work	148. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
dane during mast of working life, even if retired)		0.1.6	
16. WAS DECEASED EVER IN U.S. ARME	D FORCES? 17. SOCIAL	18. INFORMANT A	DDRESS
(Yes, no or unknown) (II yes, give wor ar dates	of service) SECURITY NO.	Jake, Thomas - 164	5 Milton and
19.4.194.	CAUSE OF DEA	TH O	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRE	Arterios	clerotic cardiovascular disea	SETWEEN ONSET AND DEATH
LEADING TO DEATH	CILI		
(This does not mean the made of dy	/ing, e.g., (A)IMMEDIATE (AS A CONSEQUENCE OF:	
heort loilure, asthenio, etc. It meons the injury or complication which caused de	a disease,		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	Y, GIVING THE (8)	AS A CONSEQUENCE OF:	
11			
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN PAGE 2004. DATE OF OPERATION 208. CONDITION CO	THE TERMINAL	***************************************	******************************
20A. DATE OF OPERATION 20B. CO	NDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes ar Na)
O			No
Z2A. EXTERNAL CAUSE WAS	228. PLACE OF INJURY (e.g.,	In ar about 22C. WHERE DID (If In Baltimore City, give exa	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	hame, farm, factory, street, alfic	e bldg., etc.) INJURY OCCUR?	
DF INJURY (Month) (Doy) (Yea		22F. HOW DID INJURY OCCUR?	
(APPROX.)		WHILE ORK	
23. I certify that I held on I	nquiry Inspection X Au	topsy ond that on this basis, death in my	opinlon
resulted from: Notural cou	Accident Suicid	le Homicide Undetermined monner	
0.1		CHIEF MEDICAL EXAMINER	
ACTUAL /	J'ant	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE EXAMINER'S	M.D		
NAME (Type) Charle	s S. Springate, M.D.		uary 18, 1971
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY	P	a, or county) (Stote)
DATE RECID BY WELL BEE	July cerebas	n cen. I partpar	1, Mel,
FEB 19 1071 PLACE	258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	DORESS Carling
VS 151-REV. 1/1/68	1. 2. 1. C G	0 1000	11. Comuses

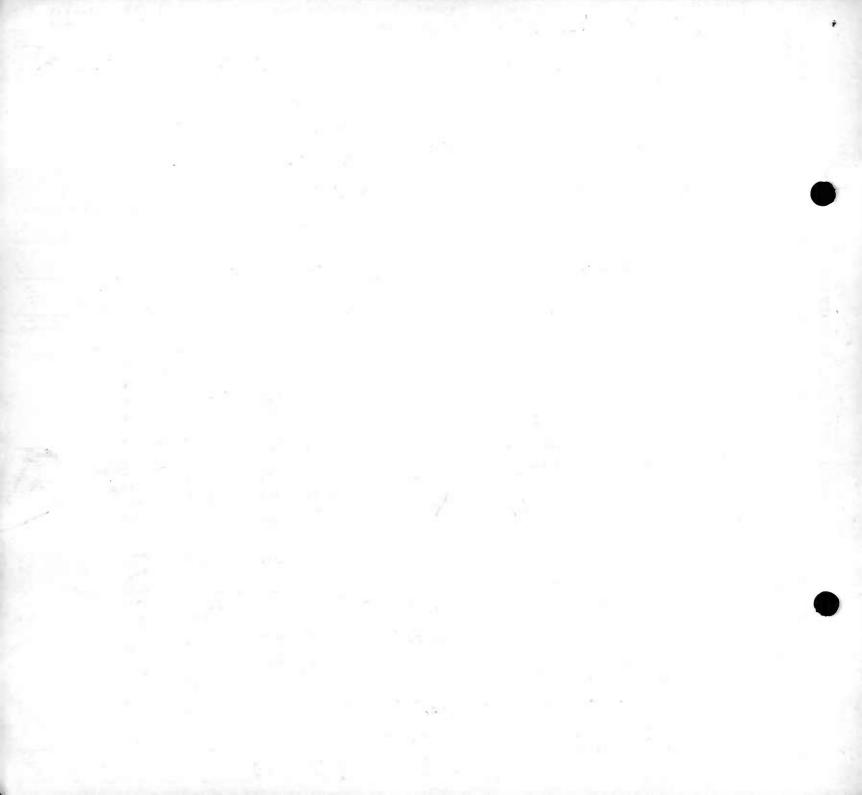
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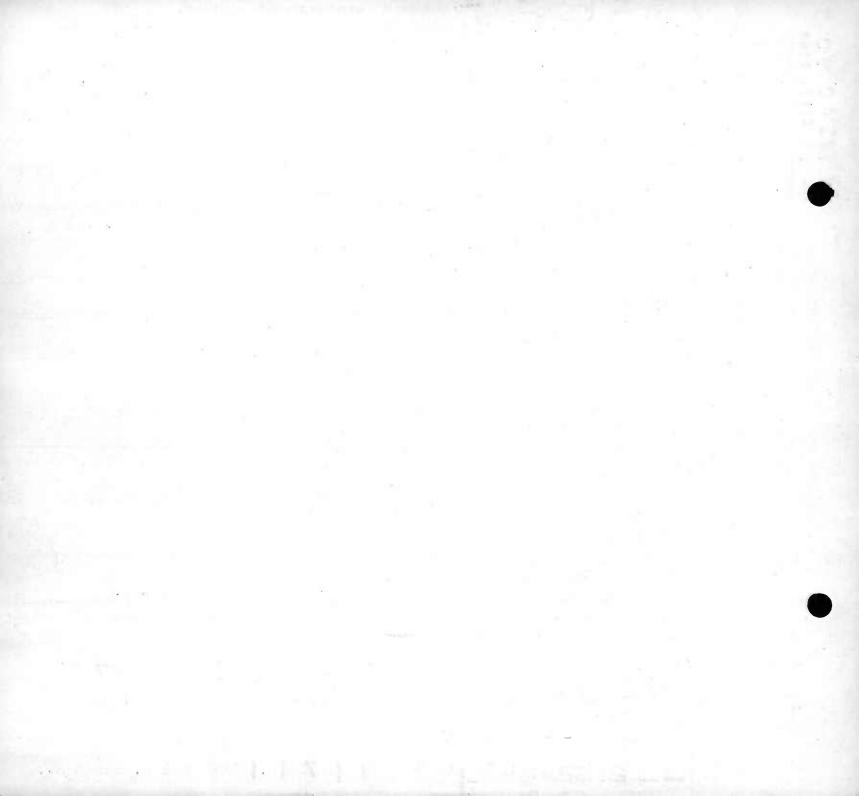
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and This certificate must be approved by the chief medical examiner or his assistant if death occurred in SPITZ DR OFFICE FUNERAL DIRECTOR: IMPORTANT ME NON-MED BY AS RELEASED

1	2-451)		BALTIMORE CITY	HEALTH DEPARTMENT		71	1510							
Bh	TH NO.	71	1710	CERTIFICA	TE OF DEATH	REG. NO	11	1710							
	NAME OF DECEAS	GLENN,	Thomas			HOUR OF DEATH		11:30 p. "							
3,	PLACE IN BALTIM	ORE MARYLAND,	WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where	deceased lived. It ins	titution; res	idence before admission)							
FL His	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSI ADDRESS OR LO	PITAL OR INSTITUTI	ON, GIVE STREET	Maryland		5	7-06							
110	SILUTION				Baltimore	D. INSIL	PE CITY LIN	NO []							
1	2 2 The	Johns H	onkine H	osnital	E. STREET AND NUMBER		163467	МОШ							
-	3) 1110	ooming m	obythe in	ospicai	1642 N. Bond	d Street									
5.	SEX 6.1	RAGE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In yours	If Under	1 Yr. If Under 24 Hrs.							
Н.	Male	Negro	WIDOWED	DIVORCED 3	6/9/09	birthdoy) 61	Months [Days Hours Min.							
10/	USUAL OCCUPA	TION (Give kind of w	ork 108, KIND OF BI	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZE	N OF WHAT COUNTRY							
do	Leans	ing life, even if refired	Frumi	tur Hara	& Caralin	a)	U.	. 8 0							
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NAME		1	2.00.							
	Rober	t Glenn			Ivella Beasi										
15.	Was Deceased Eve	u in U. S. Armed F	erces?	6. SOCIAL	17. INFORMANT	-1		ADDRESS							
(Te	s, no or unknown) (II	yes, give war or do	ites of servicel	SECURITY NO.	0. 200	Pena , 180	210	Rilt ST							
⊩	18. // / 0	. U.		CAUSE OF DEATH	James El	- ren - 1 v	7	APPROXIMATE INTERVAL							
	DISEASE C	OR CONDITION D	DIRECTLY			ā.	BE	TWEEN ONSET AND DEATH							
		LDING TO DEATI	•	(A) IMMEDIATE CAU	USE chreverselle shark 14 hrs										
	(This does not heart failure, ast	mean the mode of	of dying, e.g.,		CONSEQUENCE OF:	- X-N-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-									
	injury or camplic	ation which cause	d death.)	~		10									
	ANT	ECEDENT CAUSI	S	(B) (A) 1201	s Remain in	n Titiem Pr	res								
		CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:			***************************************							
	UNDERLYING C	ibove cause (A ONDITION last,	slating the	(C) ASCU	D andonuna) orneury	and								
		П				Y		******************							
0 N	OTHER SIGNIFICATION	NTCONDITIONS C	ONTRIBUTING	Dano	D Down on	0									
¥.	DISEASE OR CONT	UT NOT RELATED TO	ART 1 (A).	1201/20 8	HILLAMIN, GE	exores									
ERTIFIC	19A-DATE OF OP	ERATION 19% CO	NDITION FOR WHI	ICH OPERATION	Yes	N CERTIFYING CAU	NDINGS C SES OF DE	ONSIDERED NO							
CALC	21A. A CCIDENT NOR CONTRIBUTIN DEATH (notify med	MAS UNDERLYING G CAUSE OF dicol exemined	21 B, Pi. home, elc.)	ACE OF INJURY (e.g., in form, factory, street, off	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(II In Boltimore	City, give	exact location)							
NED!	21D. TIME (M	anth) (Day) (Yeo		JURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?									
٤	(APPROX)		While Work	At Work				lan a							
	22. I certify tha	t (1) (this hospit			2/14 19	7/ to =	11-	1/20 PM							
-	that (1) (we) las	t saw the decea:	sed alive an	2/15 11300	19 71 and that		ian death	accurred an the date							
	and hour and fro	om the causes st	ated above. (I)	We) (did) (did) hof) vi	ew the body after death.										
Sa onte sioned								SIGNED							
Affending Med. Stoff Phys. Sto															
	NAME (Type)	K. S. Ali	redson,	M.D.	The Johns Ho	onkine Ho	eni+-	.1							
24/	A. BURIAL CREMAT			E of CEMETERY of CRE			_								
-	SEMOVAL (Spec	2-21	27/ 2	T. A les	MATORY 24D. LOC	A C City	town, or	county) (State)							
254	A. DATE REC'D BY	HEALTH DEPT.	25B, NAME OF	DEGISTRAD	g cm. C.	4. on	nly,	//ca.							
100	ED 10 40-	W On ac	P. M. C.	s o	25C, FUNERAL DIRECTOR	7/1199	51	ADDRESS #							
华	150-REV. 1/1/68	1 Made & E	Note Dang M.		a years	51.11 DE 1	11. 6.	VS 150-REV. 1/1/88							

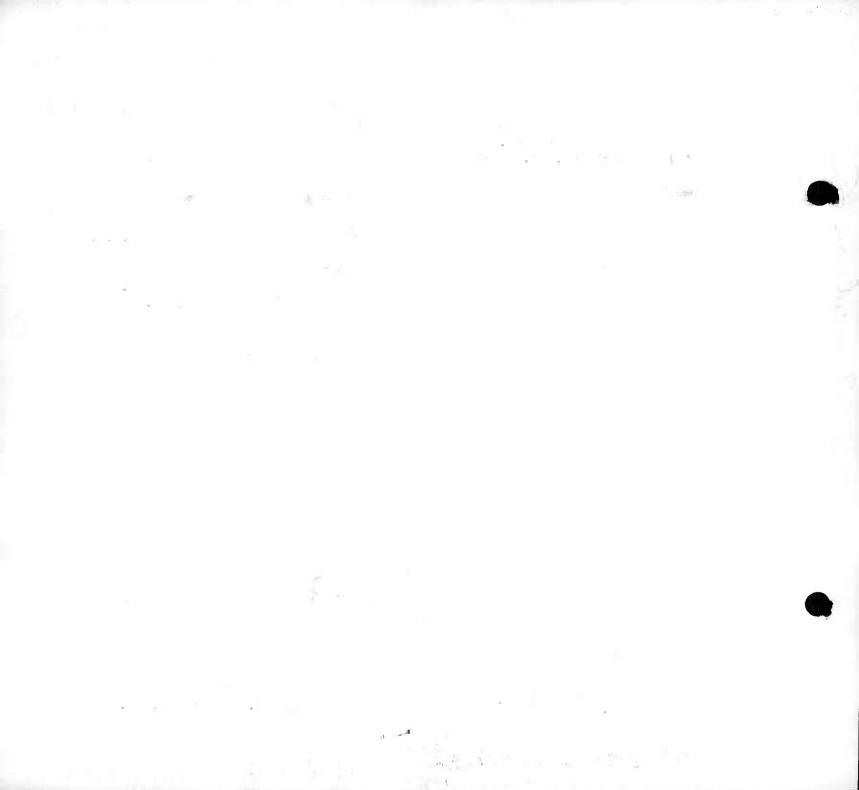


	HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 1711
I. NAME OF DECEASED	2. DATE Known XX Month Doy Year Hour
(Type or Print) Maurice Moore	OF DEATH Estimoted 2 15 71 5:25 a. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE : Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 2 15 71 5:25 a
Johns Hopkins Hospital	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	Md. (C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARKIED INCVER MARKIED	Dolto Dolto
male Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (In years # Under 1 Yr, if Under 24 H	TES INO I
lost birthdoy) Months ; Doys , Hours ; N	Ain.
11/26/70 3 mo.	1636 E. Preston 1Street
II. BIRTHPLACE (Stote or foreign country)	13. FATHER'S NAME
Maryland WHAT COUNTRY	Michael Clans
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUS	STRY 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	Maria Marco
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or doles of service) SECURITY NO.	m Ol 1 9m il 31 I P +
	11/10. Wholiga Moure 100 6 K. Molon)
19. 7 9 CAUSE OF D	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Sudden death in infancy
LEADING TO DEATH	
(A)IMMEDIA (This does not meen the mode of dying, e.g., DUE TO.	OR AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. it meons the diseose, injury or complication which coused death.)	
RISE TO THE ABOVE CAUSE (A) STATING THE	OR AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e	.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	office bldg., etc.) INJURY OCCUR?
	PD 22F. HOW DID INJURY OCCUR?
23.	Autapsy XX and that on this basis, death in my opinion
resulted from: Notural causes XX Accident Sui	icide Homlcide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL TO THE	DATE SIGNED
SIGNATURE SYMMETRICAL STATES	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER XX 2/15/71
NAME (Type)	
24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETE	
Buis 2-1471 mt (a	losen em. 1 4. a. Cunty me.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR , ADDRESS
FEB 19 1971 Palla E. Jaban MA.	Cefruit J. H. 1129n. Carline St.
VS 151-REV. 1/1/68	

FEB VS 151-REV. 1/1/68



43-83-	-90 JD	T-236 71 1713 BALTIMORE CITY HEALTH DEPARTMENT 71 1712
\	5 4 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	CERTIFICATE OF DEATH REG. NO. 1713
	of deat of deat Decease e on the	1. NAME OF DECEASED (Type or Print) Foster, Lucolle.
2	spital e of do i) Dece nce on eath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
3	5)	A, STATE B, COUNTY
3	r So γ So γ	HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
4		Baltimore City Hospitals Baltimore YES NO
2	σ.Ξ ο σ.Ξ .	4940 Eastern Ave. Baltimore, Md. 21224 E. STREET AND NUMBER 713 Calhoun street 21217
K.	tribut minec gular sed p	Erry
0	ath occurre r contribut determined in regular deceased p	Female Negro WIDOWED DIVORCED 1 4 12 07
1	ath codete	IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAC (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
3	0 O E 0 5	House wife Varginia U.S.A.
9	direct of (4) Ur h was n the disposit	14. MOTHER'S MAIDEN NAME
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	dir dir di (4	Jack Mobinson Gerila Cecelia Bland
S E	# 0 E 0 0 B	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT BCH Records: 10. SOCIAL SECURITY NO.
OR	7 4 2 0 0	Baltimore, Md. 21224
26	S G G G G G G G G G G G G G G G G G G G	DISEASE OR CONDITION DIRECTLY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N E	O T O O T E	LEADING TO DEATH
160	to to	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)
OR	- c o - 5 E	ANTECEDENT CAUSES
5	A A P P	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
DIRE	S = 3 & 6 = 8	rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)
-	nedical edical e burns; (3 hysician n was ir	
FUNERAL	medical medical burns; physicia an was remain	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL O DISEASE OR CONDITION GIVEN IN PART 1 (A).
m	P - 6 - 0 -	
5	0 X = X 0	INO INO
14.		U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) OR CONTRIBUTING CAUSE OF (home, form, foctory, street, office bldg., INJURY OCCUR?)
	hospital hospital ature; (pt whe (6) No ined be	
	proved by the hospi any nature (except w and (6) P obtained	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURT OCCURRED 21F. HOW DID INJURY OCCUR? While AI Work At Work
	prov the h ny n exce and obtai	22. I certify that (I) (this hospital) attended the deceased from 2-16-71 19 to 2-16-71 19
	T 0 0 0 0 0	that (I) (we) lost saw the deceased alive on 2-16-71 DOA 19 and that In(my) (our) opinion death occurred on the date
	4 00-	and hour and fram the couses stated above. (1) (We) (did) (did not) view the body ofter death.
	7 6 0 -	23A. SIGNATURE 23B. DATE SIGNED
	a h	DEGREE Phys. C Director Phys. C
	was r An a L at c prior	Wisneski MD
	4 09 4	WISHESKI FID. DEGREE 4940 Easten Ave. Baltimore, Md. 21224 24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERT of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	ws: (bod ws: (b.C. D.C. bease	Borial 2-19-21 MZ. Hubern Baltimore many
	This certi the body shows: (1 was D.O. deceased written a	25A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS AND A STANDARD AND A STA
	F ∓ 0 ≯ 0 ≯	VS 150-REV. 1/1/68
		THE THE PARTY OF T



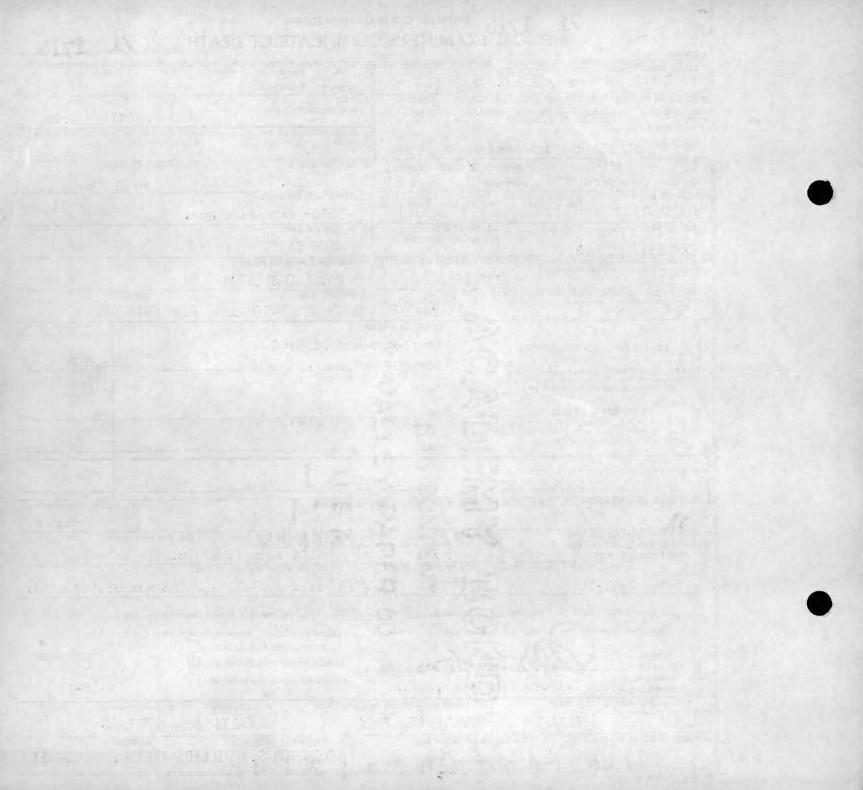
MEDICAL	EV A LAIN IEDIC	CERTIFICATE	OF	DEATH	
MEDICAL	EXAMINER S	CERTIFICATE		DEATH	
***************************************		CERTIFICATIE	.	REG NO	2

1	A.352 71 1714 BALTIMORE CITY HEALTH IN MEDICAL EXAMINER'S CERT	Prediction of the second of th
7.9	1. NAME OF DECEASED / FIFLDS 2. DA	ATE Knawn Month Day Year Hour OF Estimated Month M.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DA	
		UAL RESIDENCE (Where deceased lived, If institution: residence before admission) ATE Maryland B. COUNTY
	MAKKIED LIVE ACK WAKKIED LI	ry or town Baltimore D. INSIDE CITY LIMITS? YES □ NO □
	Inst bishday) Months , Days , House , Min	39 Norkfolk Avenue
	Maryland WHAT COUNTRY?	Jilliam Adams
	14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. M done during most of working life, even if retired)	hresa Harris
	(Yes, no prunknawn) (If yes, give war ar dates of service) SECURITY NO.	Gresa Fields 4139 Noi Folk Auc
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease, injury ar complication which caused deoth.) ANTECEDENT CAUSES	Acute hemorrhagic gastroenteritis Etiology Undetermined ONSEQUENCE OF:
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ONSEQUENCE OF:
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PER	FORMED 21. AUTOPSY? (Yes or No.) Yes
	Z2A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B.PLACE OF INJURY(e.g., in ar of home, form, factory, street, affice bldg.,	baut 22C. WHERE DID (If In Baltimare City, give exact location) etc.) INJURY OCCUR?
	Z 22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK AT WORK	22F. HOW DID INJURY OCCUR?
	Certify that I held an Inquiry Inspection Autopsy resulted from: Natural couses Accident Suicide	and that on this basis, death in my opinion Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 2/17/71 ASSOCIATE MEDICAL EXAMINER 2/17/71
	24A. BURIAL CREMATION, REMOVAL (Specify) 2-19-71 A. Butus Mem	Park Arbotus, Md.
	FEB 19 1971 Page C. NAME OF REGISTRAR	Arling ton & Phillips 1727 A. Monroes

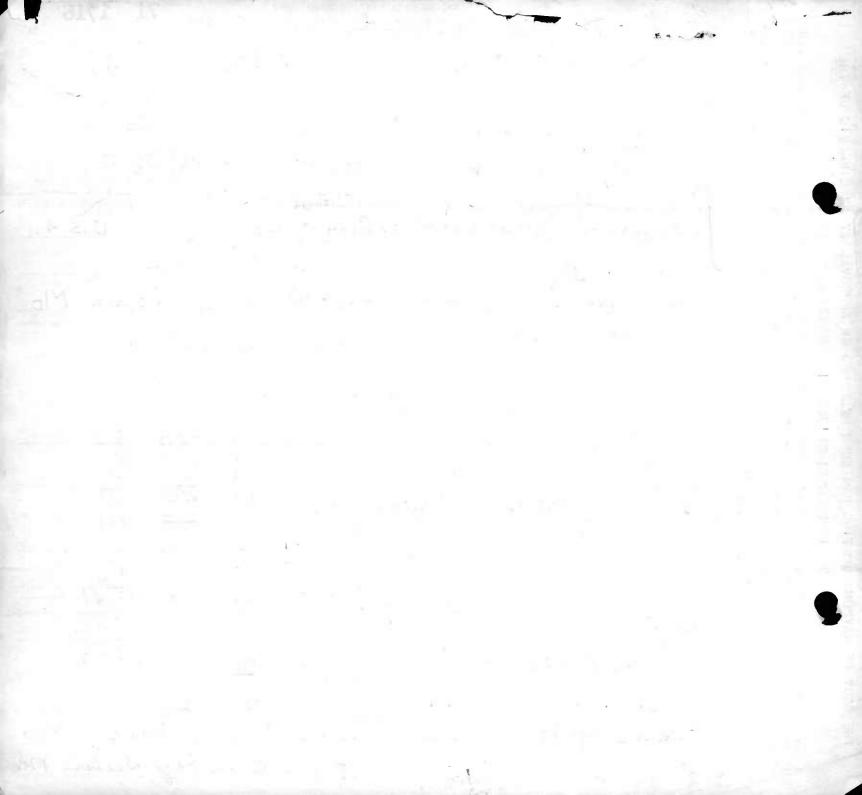
AND DESIGNATION OF VEHICLE OF THE PROPERTY OF

VS 151-REV. 1/1/68

RI	7-63	6	71 MED	171. ICAL	5 E	BALTIMORE CITY HE				DEAT	H REG. I	vo. 71	1	715
1.	NAME OF DEC	CEASED	WILLI	gene E CAR	TE	R()	2. DATE OF DEATH		Known Estimoted	Month	Doy	Yeo	r H	our
						DUNCED DEAD	3. DATE			Month	Doy	Yeo	r H	our
HC	L NAME OF	(IF NO	T IN HOSPITA	AL OR INST	וזטזו	ON, GIVE STREET			ED DEAD	2	13	197	_	6:05 a
OR	INSTITUTION	5206 Fe	rn Par	k Ave			II A. STATE	Md.	ENCE (When	e deceased li	v ed. Il instit B. COUN		ce befo	re odmission)
6.	SEX	7. RACE		8. MARRI	ED [NEVER MARRIED	C. CITY O	RTOV	WN		D. INSID	E CITY LIMIT	5?	1
	male	negro		WIDOW				Bal				YES X	NO	
	DATE OF BIRTI		10. AGE (in	yeors y)	Mon	nder 1 Yr. If Under 24 Hrs. ths: Doys Hours Min.	E. STREET							
	8-JAN-19		38			77777105			Fern F	ark Av	e.			
".	DIKITIFE ACE (3	note or toreig	n country)			CITIZEN OF WHAT COUNTRY?	13. FATHE							
14A	FARMESV USUAL OCCU		A kind of work	14B, KIND	OF	BUSINESS OR INDUSTRY			CARTER	ME				
don	eduring most of w	rorking lile, ev	en il retired)			OFFICE			EGGLIS					
16.	CLERK WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	2	17. SOCIAL	18. INFOR			NOTO		ADDRESS		
(Ye	YES	W W]	or or dotes	ol service)		215-28-2714	BETTY	٧.	CARTER	2-5206	FFRN		VF.	
	19.	5/11	/			CAUSE OF DEA		,,,	OTHITLE	. 0200	, 4,101		APPRO	KIMATE INTERVA
	DISEAS	E OR COND	ITION DIREC	CTLY		Gunshot	wound	of 1	head			B	ETWEEN	ONSET AND DE
		LEADING TO	DEATH			(A)IMMEDIATE C								
NO	heart foilure injury or con AN DISEASES (RISE TO THE	of meon the , osthenia, etc. nplicotion whice NTECEDENT OR CONDITIO E ABOVE CAL NG CONDITIO	it means the chickers dead	diseose,	1 1 1 1 1 W	(B)								
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERMI	NG NAL									
CERT.	20A. DATE OF	OPERATION	20B. CON	IDITION F	OR	WHICH OPERATION WA	S PERFOR!	MED				21. AU		? (Yes or No)
CAL	22A. EXTERI	NAL CAUSE		2	2B. F	PLACE OF INJURY (e.g., , lorm, loctory, street, office	in or obout	22C. \	WHERE DID	(il in Boltimo	e City, give	exoct location		<i>y</i>
4EDIC,	UTING CA	USE OF DEA	TH.			home		520	06 Fern	Park	Ave.	28	-0	2
2	OF INJURY		oy) (Yeor) (Hour)		ZE. INJURY OCCURRED	Maile		HOW DID IN				40	
	(APPROX.)	2-13-7	<u>L</u>	a		ORK AT W		Sh	ot by p	olice	while	assau1	tin	g wife.
	I certi	ify that I he	eld on Ir	quiry [Inspection Aut	opsy X	an	nd that on th	nis basis,	deoth In	my opinion		
	result	ed from: N	aturol que	ses 🗌	A	ccident Suicid			C-3	Undetermi				
	ACTUAL SIGNATU EXAMINE			mil	al	ality M.D.	ASS	ISTAN	F MEDICAL E IT MEDICAL E E MEDICAL E	XAMINER				E SIGNED
	NAME (T	ype)		e Mil		akis, M.D.			- MEDICAL E	WILL		2	-13	-71
RE	A. BURIAL CREA MOVAL (Specif SURIAL	y)	4B. DATE 2/17/71			RBUTUS MEM PA		ORY		BALTIM		ARYLAN	•	(Stote)
25/	. DATE REC'D			25B. NA		OF REGISTRAR	25C.		RAL DIRECTO	OR .		ADDRESS		
	FEB 1	9 1971	Tobes	123	ad	ALL MEDICAL CONTRACTOR	AR	LIN	GTON S.	PHILL	IPS-1	721 N.	MON	ROE ST



BALTIMORE CITY	HEALTH DEPARTMENT
BRITE NG 7.	TE OF DEATH REG. NO.
1. NAME OF DECEASED IType or Print) CAX MOND BUNTING	2. DATE AND HOUR OF DEATH 2-15-71 11:10 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE I Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND WORCESTER 7300
1 1 THE JOHNS HOPKINS HOSPITAL	BERLIN YES X NO
BALTIMORE, MD 21205	E. STREET AND NUMBER BOULEVARD AND WILLIAMS STREETS
5. SEX 6. RACE 7. MARRIED 7 NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
MALE CAN WIDOWED DIVORCED	04-15-06 lest birthdoy) Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even it refired)	11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
MERCHANT JOWELRY OFTS	DISHOPVILLE MID U.SA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ELISHA M. BUNTING	ALMIRA BUNTING
(Yes, to as unknown) (If yes, give wat or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
165 INAR 2 206-09-5922	MRS. K.W. BUNTING REDUIN MID
IB. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	14 1/0/1/20 1:01
This does not mean the mode of dying, e.g. DUETO, OR AS A	A CONSEQUENCE OF:
heart failure, aethenia, etc. It means the disease.	
	nary intery DISEASE
DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last	
TOTHER SIGNIFICANT CONDITIONS CONTRIBITING	
2 TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OF CONDITION GIVEN IN PART 1 (A). DISEASE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS RESPONDED.	20A AUTOPSYS (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATHS
E V-15-11 . WHOYWWY KIN WISEMAL	1 1983
OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBU	n or about 21 C. WHERE DID (If In Boltimore City, give exact facation) like bidg, INJURY OCCUR?
210. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not While At Not Work	'O
22. I certify that (i) (this hospital) attended the deceased from	2 7 1 19 10 2 1) 19
that (1) (we) last saw the deceased alive an &- 15-71	19and that in(my) (our) opinion death occurred on the date
and hour and fram the causes stated abave. (1) (We) (did) (did not) vi	
23A. SIGNATURE	23B. DATE SIGNED
DEGREE Phys	
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
DAVID A. BONE M.D. DEGREE	THE JOHNS HOPKINS HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION [City, town, or county] (Stote)
BURIAL 2/18/71 SUN SET ME	EMORINE BERLIN WOR MID
FEB 22 1971 Paled L. Sales A. M. C.	25C. FUNERAL DIRECTOR ADDRESS
VS 150-REV. 1/1/68	



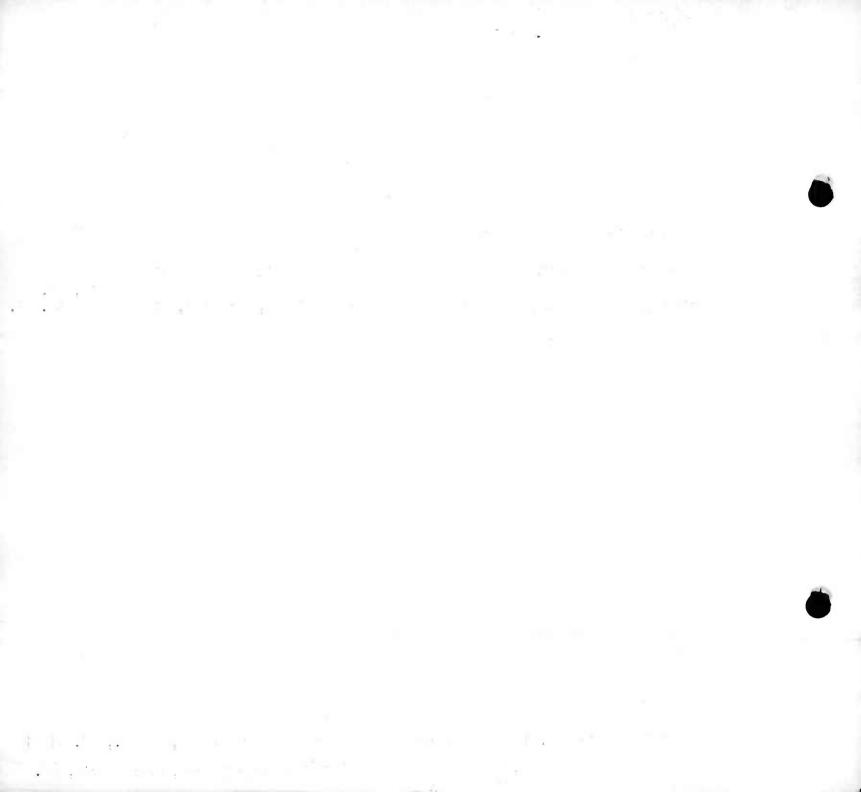
DIRECTOR:

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BIRTH NO.	/ /1 1	CERTIFICA	ATE OF DEATH	REG. NO	71 171	0
1. NAME OF DEC			2. DATE	AND HOUR OF DEAT	Н	
	GRIFFIN, JA	MES FRANCIS	FEB	BRUARY 15,	1971] 8:3	0 4
3. PLACE IN BALT	MORE MARYLAND, WH	HERE PRONOUNCED DEAD			institution: sesidence before oc	lmission
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITAL	L OR INSTITUTION, GIVE STREET	MARYLAND	BALTIMORE	53	20
INSTITUTION			C. CITY OR FOWN	D. IN	ISIDE CITY LIMITS?	
40	ST AGNES	HUSFITAL	E. STREET AND NUMBER	RIDGEWAY	MANOR CONVAL	HO
			5743 EDMON		BALTO MD 2122	8
5. SEX	6. RACE 7.	• MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months Doys Hours	24 H11
MALE		WIDOWED DIVORCED	07 13 00	70		
done during most of w	vorking life, even if retired)	OB, KIND OF BUSINESS OR INDUSTR		oreign country)	12. CITIZEN OF WHAT C	OUNTR
RETIRED		ED GEWOOD ARSEN	L MASSACHU	SETTS	U.S.A.	
13. FATHER'S NAM	1E		14. MOTHER'S MAIDEN N	IAME		
UNKNOW			UNKNOWN			
	Ever in U. S. Armed Force (If yes, give war ar dotes		17. INFORMANT	VES BALTO	MD 21229 S WILKENS &	
YES	UNKNOWN			VES BALTO IOSP RECORD	S WILKENS &	CAT
18.	6 XI X-10	CAUSE OF DEA		0 - 1 1	APPROXIMATE IN BETWEEN ONSET AN	TERVAL
	E OR CONDITION DIRE LEADING TO DEATH	100	el amonio	left &	ung 10 de	201-
(This does no	at mean the made of d asthenia, etc. It means th	lying, e.g., DUETO OF A	USE A CONSEQUENCE OF:		0	4
injury or com	plication which coused d	death.)				
A	NTECEDENT CAUSES	(B)			ſ	
DISEASES O	R CONDITIONS, if an abave cause (A) s	ny, giving DUE TO, OR A	S A CONSEQUENCE OF:			
UNDERLYING	CONDITION lost	(C)	***************************************			
Z	11	Marine 1914 and	A 0	10		
TO THE DEATH	CANT CONDITIONS CONT I BUT NOT RELATED TO THE DIDITION GIVEN IN PART T		cus - Co	of long	nx	
		TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE	FINDINGS CONSIDERED	
E			YES		AUSES OF DEATH?	
OR CONTRIBILI	T WAS UNDERLYING TING CAUSE OF medical examinei	21 B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or about 21C. WHERE DID affice bldg., INJURY OCCUR?	(if to Boltim	ore City, give exoct location)	
9		(Hour) 21E INJURY OCCURRED	015 110 11			
OF INJURY	(DOY) (1801)	While At Not Wh	21 F. HOW DID II	NJURT OCCUR?		
	1 - 4 (1) (-1 1 - 4 - 4)	Work At Work	0/1/	7.1	0/35	= 5 4
	that (() (this haspital) (attended the deceased from	19 7 1 and	19 71 to		
		d abave. (1)((We) (did) (dfd)(gf)	***************************************		olnion death occurred on t	he dat
23A. SIGNATUR		n annae Vivi(iiie) (qiq) (qiq)pb()	view the body after death	1.	23 B. DATE SIGNED	
	12		ending Med. Director	Staff Phys.	2/15/71	
23C. PHYSICIA	15 /	DEGREE	23 D. ADDRESS	rnys, Law		
HAIVE (1)	is the	JOSE APTER DEGREE	ST AGNES H	HOSPITAL		
MEMOVAL 13	AATION, 248. DATE	24C. NAME al CEMETERY OF C	REMATORY 240.		Girg, town, or county!	Stotel
/ mi	el 2/17/7	1 Ken Haver	Migua Ms	Men H	Survice)	ne
SACTOR IS NOTO	THE PLAN	58. WANTE OF REGISTRAR	25C. MUNERAL DIRECTO	OR)	ADDRESS	2/
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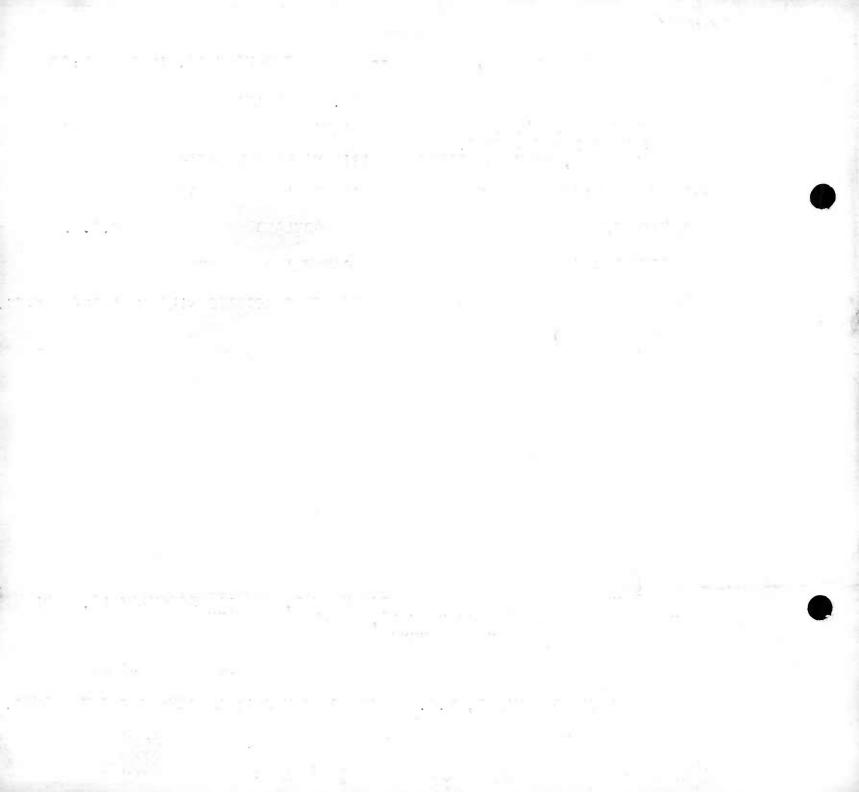
DIRECTOR:

FUNERAL



FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 2. DATE AND HOUR OF DEATH 16, 1971 4. USUAL RESIDENCE (Where deceased lived, 11 institution: residence belove admission)
As STATE
Bs. COUNTY BALTIMORE D. INSIDE CITY LIMITS? NO M YES -MIDDLEFORD ROAD 9. AGE (in years lost birthdoy) --il Under 1 Yr. Months: Doys Il Under 24 Hrs. 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loveign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. BARRETT ADDRESS ST AGENS RECORDS WILKENS & CATON APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Bollimore City, give exact location) 21F. HOW DID INJURY OCCUR? 19 71 to FERRUARY ______and that In(my) (aur) opinion death occurred on the date 23B. DATE SIGNED 2-16-71 ST AGNES HOSPITAL WIKKENS & CATON AVES 24D. LOCATION (City, town, or county) Baltimore, Md ADDRESS Thomas J Kenny Inc 1600 Hollins VS 150-REV. 1/1/68



DIRECTOR:

FUNERAL

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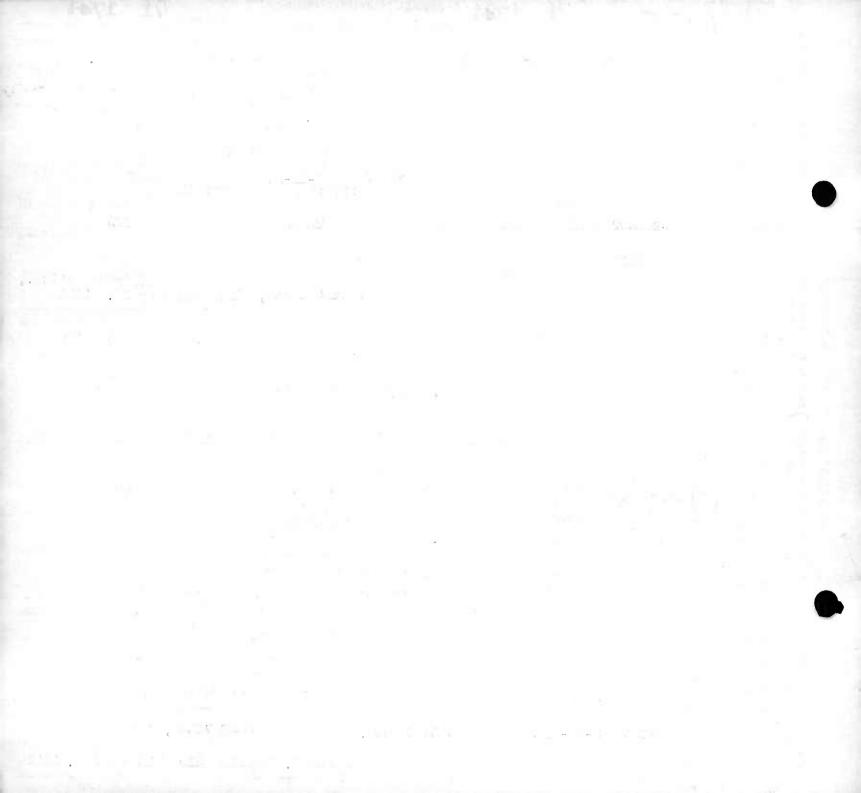
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BALTIMORE CITY HEALTH DEPARTMENT	271.4	100
AMINIED'S CEDTIEICATE OF DEATH	W.L	172

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	145
BIRTH NO.	CERTIFICATE OF DEATH REG. NO	
NAME OF DECEASED VICTORIA TAWKINS	2. DATE Known Month Doy Yeor Hour OF DEATH Estimated	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour	М.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD February 17, 1971 1:	20 P.M.
O () Wickham Road	A. STATE Maryland B. COUNTY 28	5 de la constanta de la consta
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Female White WIDOWED DIVORCED	Baltimore YES NO]
9. DATE OF BIRTH 189 10. AGE (In years If Under I Yr. II Under 24 Hrs. 12-24-40000X 10. AGE (In years Months; Doys; Hours; Min.	e. STREET AND NUMBER 205 S. Wickham Road	
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Maryland 4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	James Manley	
one during most of working life, even il rettred)		
Housewife 6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Julieanna Tansey	
Yes, no or unknown) (if yes, give wor or dates of service) SECURITY NO.	66 Maplewood	Ave
No 215-66-0633 119. CAUSE OF DEA	Mrs. Mary. M. Price Maplewood N.	TE INTERVAL
06771	BETWEEN ON	ISET AND DEATH
DISEASE ON CONDITION DIRECTE	gastro-intestinal hemorrhage	
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR	CAUSE AS A CONSEQUENCE OF:	
heart failure, asthenta, etc., it means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF	
ANTECEDENT CAUSES (B)		
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.	***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)
	No	
U INDEDIVING TOP CONTRIB	, in or about 22C. WHERE DID (if in Boltimore City, give exact location) ice bldg., etc.) INJURY OCCUR?	- 1-1
Q UTING □ CAUSE OF DEATH.		
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED		
(APPROA.) m. WORK AT	T WHILE WORK	
23.		
I certify that I held an Inquiry Inspection X A		
resulted from: Natural causes 🗶 Accident 🗌 Suici		
ACTUAL () 10 1	CHIEF MEDICAL EXAMINER DATE	SIGNED
SIGNATURE MANY MANY MANY MANY MANY MANY MANY MANY	D. ASSISTANT MEDICAL EXAMINER X	
EXAMINER'S Charles S. Springate, M.D.		1971
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
Burial 2-20-1971 New Cath	nedral Baltimore, Maryland	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	
TEB & & HT Vases E, Maden M.D.	G. Truman Schwab 3512 Frederic	ck Ave
VS 151-REV, 1/1/68	A 1 1 2 2	

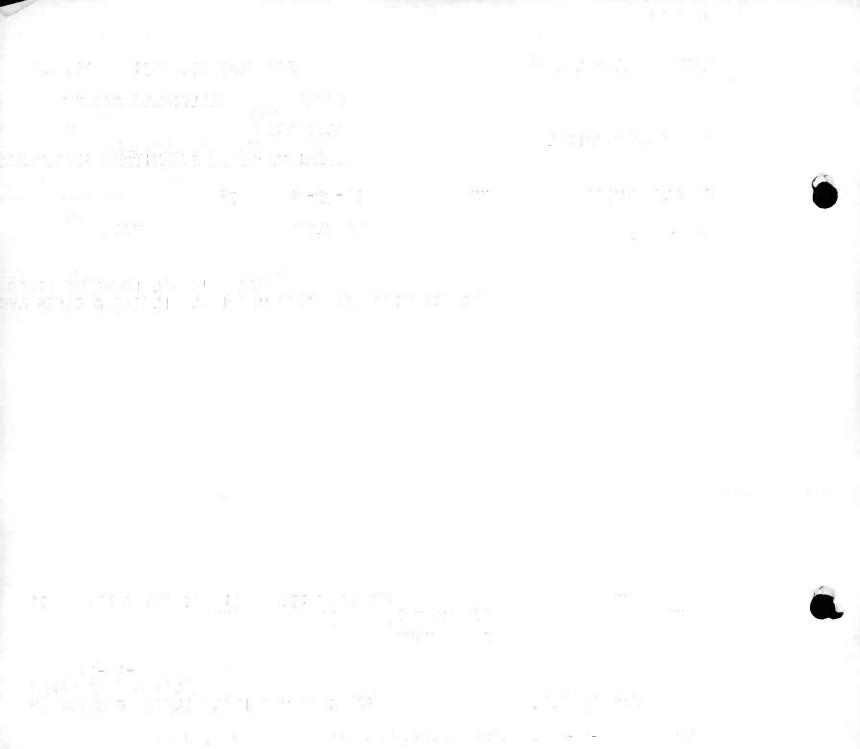
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2	- 71	1724	BALTIMORE CITY	HEALTH DEPARTMEN	17	71 1724	
0-52	5	T / 100.2	CERTIFICA	TE OF DEAT	H REG. NO		
I. NAME OF DE	NAME OF DECEASED			2. DA1	DATE AND HOUR OF DEATH		
(Type or Print)	RICKY S.	BEIUS	ON		2-17-71	1.27A M.	
3. PLACE IN BA	ALTIMORE MARYLAND, W			4. USUAL RESIDENCE	(Where deceased lived, If i	institution: residence before admission)	
			2.1	MARYLAN		IMORE CITY 175	
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTE	ON, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?	
	E IOUNIC HODI	ZING HO	COLTAI	BALTIMO		YES XX NO	
33111	33THE JOHNS HOPKINS HOS		DELIAL	E. STREET AND NUME			
				1514 KI	NGSWAY		
5. SEX	6. RACE	Z. MADDIED	MENCE MARRIEN	S. DATE OF BIRTH		Il Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.	
MALE	WHITE	WIDOWED	DIVORCED	xx 9-15- 9ekk ∑n√x 9x	58 last birthday xxxx 12	Months Days Hours Min.	
	CUPATION (Give kind of work		Level .			12. CITIZEN OF WHAT COUNTRY?	
dane during mast	of working life, even if refired)					USA	
SI	TUDENT			TEXAS		USA	
13. FATHER'S N				14 MOTHER'S MAIDE			
DAI	N KEXIX BENSON			MAR T H.	A HORTON		
5. Was Decess	ed Ever in U. S. Armed For	ces?	& SOCIAL	17. INFORMANT		ADDRESS Balto.,	
(Yes, no or unknov NO	vn) Of yes, give war at date	s of Servicel	SECURITY NO.	Dan Mens	on, 1514 King		
			CAUSE OF BEAVE		,	APPROXIMATE INTERVAL	
18.	119		CAUSE OF DEATH			BETWEEN ONSET AND DEATH	
DISE	ASE OR CONDITION DI LEADING TO DEATH	RECTLY		USALALA	PARAGE	24 Hes	
(This does	not mean the mode of	dylng, e.g.,	(A) IMMEDIATE CAU	SE I DUCTOCO	JEH NO E	2	
heart failure	e, asthenia, etc. It means omplication which caused	the disease,	DOE 10, 08 AS 1	CONSEQUENCE OF		_	
rulnik of co			Ollows	SUMME	SARROW	11/2 340	
DUTCH LE	ANTECEDENT CAUSES		(B) PHR1	200m1C	SARCOU	MA IN	
	OR CONDITIONS, if		DUE 10, OR AS	A CONSEQUENCE OF:			
	NG CONDITION lost	siding the	(c)				
	11						
O OTHER SIGN	IFICANT CONDITIONS CO		ALTIC	C			
I TO THE DE	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAI		14014				
	OF OPERATION 198, CON	DITION FOR WH		20A. AUTOPSYS (Yes	at No. 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
E 10	1 1 KH	RUSINOUN	YOSARCOM	V I			
OF CONTE	BUTINO CAUSE OF	21 B, Pi	ACE OF INJURY (e.g., in	n or obout 21 C. WHERE I	OID (II In Baltim	ore City, give exact location)	
DEATH (not	ify medical examined	etc.)					
D 21D. TIME	(Manth) (Day) (Year)	(Hous) 21 E, 18	NJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?		
(APPROX.)		While	At Not While	· []			
		Work	At Wark	30-	- 1 2	-17	
	fy that (I) (this hospite		,	2	1910	19/1	
that (l) (w	e) last sow the decease	ed olive on		19	ind that In(my) (our) of	pinion deoth occurred on the date	
and hour and fram the causes stated abave. (() (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Shaft Staff							
23A. SIGNA	TURE	2 3				23 B. DATE SIGNED	
IN	B (SWO)	21751	C Dhu	nding Med.	Shaff Nhys	13-17-11	
23C. PHYSIC	JANS		DECKEEL	23D. ADDRESS	<u></u>	-d 1	
NAME	R I CA	ORC AT	ER MD.	IM IM	BROADU	AY -TA.H.	
24A. BURIAL C	REMATION, 1248, DATE	12021	AE of CEMETERY OF CRI	MATORY	AD. LOCATION	City, town, or county) (State)	
REMOVA	L (Specify)				SEAGOVILLE	**	
	RIAL 2-20-7			EM.		315205-931	
25A. DATE REC	D BY HEALTH DEFT.	258, NAME OF	REGISTRAR	25C. FUNERAL DIR		ADDRESS	
FLDA	6 14/1 Vale 8	4. Vandage	184 6 0	HOWARD H	HUBBAKD 4107	WILKENS AVE. 21229	
VE 160 REV 1/	13/40		3314	100	•		



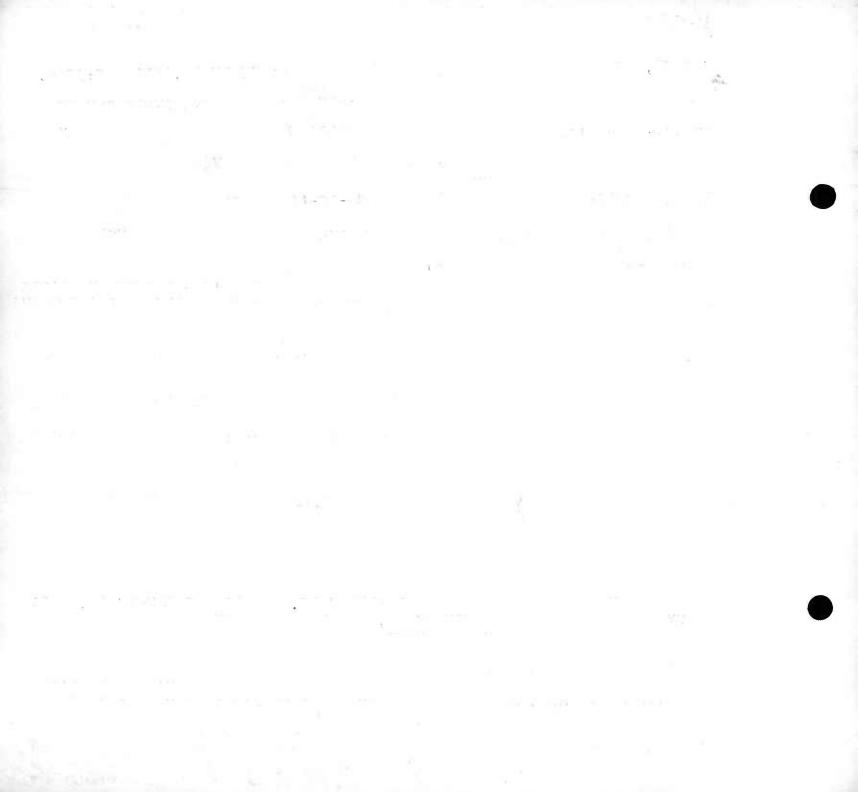
1	D-250 BALTIMORE CITY HEALTH DEPARTMENT	
	D-200 71 1725 CERTIFICATE OF DEATH REG. NO. 71 1725	
	NAME OF DECEASED YOUR OF DEATH YOUR OF DEATH DOXZON RACHEL ANNA FEBRUARY 17. 1971 11:00P	
	DUXZUN RACHEL ANNA FEBRUARY 17. 1971 11:00P	M.
į	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR OF ADDRESS OF LOCATION) MARYLAND	
ļ	ostitution D. Inside City Limits?	
ĺ	ST AGNES HOSPITAL E. STREET AND NUMBER 1231 HAVERHILL ROAD	
ŀ	SXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	OME X
ŀ	SEX 6. RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (in years lost birthday) 15. If Under 1 Yr. If Under 24 Hours Mir 76. Mir	Hrs.
ŀ	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Stote of foreign country) 112, CITIZEN OF WHAT COUNTRY	TRY?
ı	Homemaker MARYLAND USA	
Ì	FATHER'S NAME	
	Unknown	
1	NO Nos Decoased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO 21 212 12 2155 ST AGNES HOSPITAL WILKENS & CATON	
	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERV BETWEEN ONSET AND DE	AL EATH
	LEADING TO DEATH	
١	heort foilure, asthenio, etc. It means the disease.	***
ĺ	injury at camplication which caused dooth.) ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:	194
l	rise to the above couse (A) stating the UNDERLYING CONDITION last. (C)	
l	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
l	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A-DATE OF OPERATION 19B-CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 21B-PLACE OF INJURY (S.C., In or obsult2) C. WHERE DID. 414 ACCIDENT WAS UNDERLYING 21B-PLACE OF INJURY (S.C., In or obsult2) C. WHERE DID.	
ŀ	NO IN CERTIFYING CAUSES OF DEATH?	
ŀ.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg. INJURY OCCUR? DEATH (notify medical exeminer) (If in Boltimore City, give exact location)	
	21D-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21E HOW DID INJURY OCCUR?	
	(APPROX.) While At Work At Work	
	22. 1 certify that (1) (this haspital) ottended the deceased from FEBRUARY 17 19 71 to FFBRUARY 17	
	that MX(we) last saw the deceased alive an FEBRUARY/17, 19.71 and that in (NyX (our) opinion deoth occurred on the	date
ŀ	and haur and from the causes stated abave, () (We) (did) XdXdXnXt) view the body after death.	
l	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff W OR 18 71	
	Attending Med. Staff W 02-18-71 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS BALT I MORE MD 2122	<u> </u>
	MAHMOOD M.D. ST AGNES HOSPITAL WILKENS & CATON AN	-
1	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State	
H	Burial 2-20-19/1 Lorraine Park Cemetery Woodlawn, Maryland	
	A. DATE REC'D BY MEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS FFR 99 1074 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	29
	Howard H. Hubbard, 4107 Wilkens Ave. 212	=

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CARL CONTRACTOR OF STREET

	50 6 5 6	V-532 71 1726 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 1726
	pital and of death Deceased e on the ath. Such	1. NAME OF DECEASED (Type, or, Print) 2. DATE AND HOUR OF DEATH
	F o o o o o o o o o o o o o o o o o o o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, it institution: residence before odmission)
•	S 0 0	A. STATE B. COUNTY
a ho	a hosp cause se; (5) andance to dea	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND BALTIMORE COUNTY 532
	n a cau use; tend r to	DAITIMODE 1
		STAGNES HOSPITAL BALTMORE YES NO E. STREET AND NUMBER
	9 + P - G 6	7 WALDRON AVENUE
		5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months: Days : Hours : Min.
	occur ontrik ermin regul eased is ma	FEMALE WHITE WIDOWED DIVORCED 06-10-12 57
Τ,	oath or co or co in r in r dece	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign Country) 12. CITIZEN OF WHAT COUNTRY?
	0 - 10 - 1	Ausewike aun home MARYLAND USA
	washe spos	13. FATHER'S NAME
5	보고 있는 모두 네	ADAM BOCK DEC'D Anna.
AN.	2 2 2 0 _	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, na of unknown) (If yes, give wor or dates of service) SECURITY NO. 17. INFORMANT RECORD S BALTIMORADDIESS 21229
ORT.	Str A prin	NO Mune 213-20-4528 ST AGNES HOSPITAL WILKENS & CATON AVE
ō	f any nced nced or f	18. APPROXIMATE INTERVAL
MP:	204 5 9 2	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
2	Als nou atte	(This does not mean the mode of dying, e.g.,
ä		heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)
0 .	= c o = 5 E	ANTECEDENT CAUSES CHF ASCITIS - Old TR few Mos
5	2 4 4 5 5 1	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
DIRECT	S = 1 S	rise to the obove cause (A) stating the UNDERLYING CONDITION last. (C) and Pneumectory 30 years
- 01	medical burns; hysicia n was remain	
AL	edical burns; hysici n was	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
	E in a	U DISEASE OR CONDITION GIVEN IN PART 1 (A). U 1994-DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
UNER	by a me by a me 2) Body bu re the phy physician ore the re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED 2004. AUTOPSY? (Yes of No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	tal by b; (2) B here t do phy before	U 21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If In Ballimare City, give exact lacotion)
•	whe d be	DEATH (notify medical examiner)
-	25 2 CB	21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	y nate y nate kcept nd (6	(APPROX.) While At Wark At Wark
		22. 1 certify that (fX(this hospital) attended the deceased from FERRUARY 15. 19 71 to FERRUARY 16. 19 71.
	000.	that 1) ((we) lost sow the deceased alive on FEBRUARY 16, 19 71 and that in (my) (our) opinion death occurred on the date
	77	and hour and from the causes stated above. (1) (We) (dld) (d(d/n)) view the body after death.
	dent dent dent dent must	23A. SIGNATURE
		Bighan - Elizahini Phys Attending Med. Director Phys
	n are	PASS BALTMORE MD 27229 23D. ADDRESS BALTMORE MD 27229
:	certificat body was vs. (1) An D.O.A. at assed pric	BIZHAM EBRAHIMY MD DEGREE ST AGNES HOSPITAL WILKENS & CATON AVE
•	- 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	book ws: s D. s eas	25A DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
1	This certificate m the body was reli shows: (1) An acc was D.O.A. at a f deceased prior to	FEB 22 1971 Page & Jakes KA.
•		VS 150-REV. 1/1/68



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th occurred in a hospital and contributing cause of death etermined cause; (5) Deceased n regular attendance on the sceased prior to death. Such on is made.	E T C T T T T T T T T
dea t or Und as i	13
sistant if the direc kind; (4) death w nce on th	1.5 (Y
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION
dy wa (1) An O.A. a ed pri	24
the borsthe bows: was D. deceas	25

FUNERAL DIRECTOR: IMPORTANT

	1/ -05			BALTIMORE CITY	HEALTH DEPARTMENT	/	mid	1727
1	7-223	11 11	120	CERTIFICA	TE OF DEATH	REG. NO	/1	TIAI
	NAME OF DECEASED							
	pe or Printl T V		Luc	\		NO HOUR OF DEATH	204	
3.	PLACE IN BALTIMORE, MA	ARYLAND, WHERE	PRONOUNC		4. USUAL RESIDENCE (WHA, STATE B, COU	Eb 9 19	nstitution: residence	before odmission)
FU	LL NAME OF (IF NO	T IN HOSPITAL OR	OITUTITZMI	N. GIVE STREET	MARYLAI	1	PRINCE G	EORGES
İN	STITUTION	33 OK LOCATION			C. CITY OR TOWN		IDE CITY LIMITS?	
2	- //	0 04	-		(0 C (89 €	PARIC	YES N	10 0/2/200
Y.	>outh 1	Salli.	Sen.		E. STREET AND NUMBER	EYNMARR	Rd	
5.	SEX 6. RACE	7- MA	ARRIED N	IEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		If Under 24 Hrs.
	MC		OWED	DIVORCED [2/1/00	tast birthday)	Months Doys	Hours Min.
	LUSUAL OCCUPATION (Give during most of working life, ev		IND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	reign country)	12. CITIZEN OF	WHAT COUNTRY?
	?	J:	E. HAN	GUBE CO.	South Co	nalina	US	19
13.	FATHER'S NAME	,			14. MOTHER'S MAIDEN NA	AME		
	JAMES	HINS	n		Rebecc.	A min	ANUS	
15. (Ye	Was Deceased Ever in U. S s, no or unknown) (If yes, give	Armed Forces?		SOCIAL SECURITY NO.	17. INFORMANT	, , , ,	ADDRES	SS
	NO ////	/////////			M.I.HINSON (don) comm	00 111	
	18.		, , , , , , ,	CAUSE OF DEATH		don) SAME	AS #4	MATE INTERVAL
	DISEASE OR CON	DITION DIRECTLY	r			0	BETWEEN	ONSET AND DEATH
	LEADING 1			(A) IMMEDIATE CAU	SE (arcinoma	oncrea	N)	
	ithis does not mean the heart failure, osthenia, et	c. It means the di	Sease		CONSEQUENCE OF:	1		***************************************
	injury or complication wh		3	0/1	5 Ab-Lan	(.1. /	Deales	
	ANTECEDEN			(B) MROW		we Lung	MARISE	
	DISEASES OR CONDIT	tONS, if ony, cause (A) statin	giving o the	DUE TO, OR AS	A CONSEQUENCE OF:	J		
	UNDERLYING CONDITIO	N last.	,	(c)	***********************************			*************
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ATION	OTHER SIGNIFICANT COND TO THE DEATH BUT NOT R	ELATED TO THE TERM	AINAL	C				
CA	DISEASE OR CONDITION G	IVEN IN PART 1 IA).		W OBSERVIOU	120 A ALLY O DAYS IV.	-1 00B IS		
CERTIFIC	OF OFERALION	WAS PERFORME	D WHICH	H OPEKATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDUSES OF DEATH?	ERED
-	21A. ACCIDENT WAS UNI	PERLYING	21B. PLAC	E OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Boltimo	ro City, give exact lo	cotion)
CAL	DEATH (notify medical example)	nined	etc.)	m, ractory, street, of	ice bldg., INJURY OCCUR?			-
EDI	21D. TIME (Month) (D	oy) (Yeor) (Hou	21E INJU	JRY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
×	(APPROX)		While At	Not White				
	22. I certify that (I) (thi	s hospital) atte			Feb \$	19 20 to	9/-06	10 70
	tho (1) (we) lost sow th			9 Feb	January 11	hat in (my) (our) opt	nton death accur	
			-	(dtd) (did not) vi	ew the body after deoth.			
	23A. SIGNATURE	1101	2/	,	,		23B DATE SIGNED	
	avona	ld H.	Kule	D MID Atter	ding Med.	Staff Phys.	9 Feb	1970
	23C. PHYSICIXN'S NAME (Typo)		-	DEGREE	3D. ADDRESS	- 1		1
	DONALI	> H. H.	S LO		South	Bulti'	sen 17	ocp.
24A	BURIAL CREMATION, 24 REMOVAL (Specify)	B. DATE	24C. NAME	DEGREE	MATORY 24D.	OCATION (C	ly, lown, or county)	(Stote)
	BURIAL F	EB.12/71	GLEN	HAVEN ME	MORIAL PARK	GLEN BUR	NIE. MAR'	YLAND
25A	FR 2 2 4071	Be & E 2500	ARE OF SE		25C. FUNERAL DIRECTO	sing		ERAL HOME
L.	TO DA DIT		y Jan	TU	O ROB TO PO U	ORE GLE	N BURNIE	MU

M.I.HINSON (don) SAME AS #4

DIRECTOR:

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DIRECTOR:

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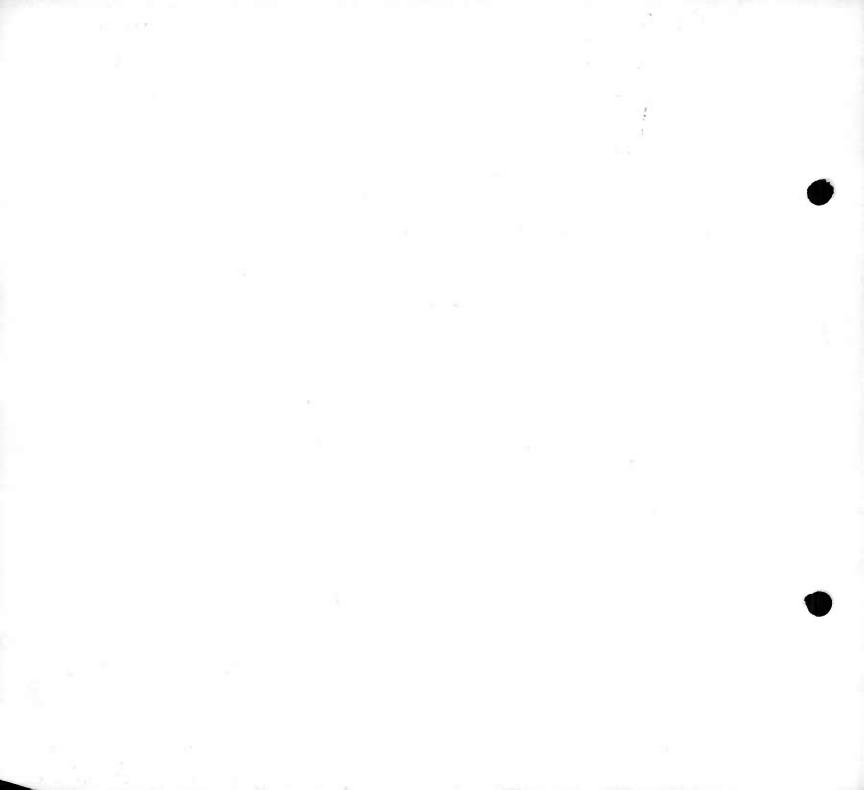
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FUNERAL DIRECTOR: IMPORTANT	propries
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	C-623 71 1730 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 1730							
1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
	Type or Print Charles Roy Crist	Feb 10, 197/ 11/32ml						
- 1	R. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission) A. STATE B. COUNTY						
1	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	South Baltimone General Hosp	Elen Burnie VANTA NO DE						
6	90	131 Dorchester Rd.						
	6. RACE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 9. AGE (In years Months) Doys Hours Min.						
- 11	DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY						
	Fireman (ret.) Pennsy. R.R.	Pennsylvania USA						
2	Jacob L. Crist	Martha George						
Ī	S. Wes Deceased Ever in U. S. Armed Forces? es, no or unknown) all yes, give wor or doles of seprice! SECURITY NO.	17. INFORMANT ADDRESS						
	· NO 1 1 191-05-07681	A Wife Same Ashi's						
5	18.4 3 3 9 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1.1.1.						
	(A) IMMEDIATE CAL (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc., it means the disease.	ACONSEQUENCE OF:						
	injury or complication which caused death.)							
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF: Beveral Yrs						
	rise to the above cause (A) stoling the UNDERLYING CONDITION (ast,							
	II (C) OF WAY	the Alversallast						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	five Heart Failure severalmently						
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	21A ACCIDENT WAS INDESIVING TO JONE OF STREET	1 // 0						
1 11	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., home, form, foctory, street, or etc.)	n or obout 21C. WHERE DID (If In Boltimore City, give exoct location)						
	21D-TIME (Month) (Doy) (Year) (Haur) 21E INJURY OCCURRED	21E. HOW DID INJURY OCCUR?						
22. I certify that (I) (this haspital) attended the deceased fram Feb 19 71 ta Feb 10								
								that (I) (we) last saw the deceased alive an Feb 10 19 71 and that 16 (my) (aur) apinian death accurred an the date
	and haur and fram the causes stated abave (1) (We) (did) (did) nat) v	lew the bady after death. 238, DATE SIGNED						
		nding Med. Staff \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
	OCO PHYSICAL AND DEGREE	23D. ADDRESS						
Colvin Carter Mits 3001 S. Han over St. Balta md.								
2	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (SIT							
	Burial Feb. 13/71 St. Marks	(émetery Im ler, Pennsy)						
2	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	2SC. FUNERADDIRECTOR Singleton Papper						
- 10	28 22 1971 36 Sept E. Nauben, 1872 1 1	1 Bengain Glen Byer						

E. mil Fabroly St. Most Commercial Street

lande par energiane marin ,

	D-250 71 1m29	CERTIFICA	HEALTH DEPARTMENT	X REG. NO	71 1733		
1	NAME OF DECEASED Type or Print)	, <u> </u>		D HOUR OF DEATH	9 40		
:	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE IWhe	re deceased lived. If ins	M. stitution: residence before admission)		
	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) NSTITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN	Baltimo:	re 5300		
	Bon Secours Hospital		E. STREET AND NUMBER		YES NO 🖾		
. 11-	SEX 6. RACE 7. MARR	NEVER MARRIED	8. DATE OF BIRTH	ABRIDGE 9. AGE (In years	If Under 1 Ye . If Under 24 Hrs.		
	female white widow		06-10-18	lost birthdoy) 52	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	DA, USUAL OCCUPATION (Give kind of work 10B, KIND one during most of working life, even if retired)		11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?		
	OLLK BOREEN MAKER Carr	Lowery Glass Co	MARYLANI 14. MOTHER'S MAIDEN NA)	N.S.A		
	Have 1 111 0 ====		Comme	ALE			
1	. Wos Deceased Ever In U. S. Armod Forces?	1 6. SOCIAL	17. INFORMANT	thel	ADDRESS		
0	es, no or unknown) ut yes, give wor or dotes of service	security No. 213-14-3113	Charles T. Dix	on In 10 To	Linthicum Md.		
	NO	CAUSE OF DEATH			21090		
	DISEASE OR CONDITION DIRECTLY	0.1002 07 02111	La E ova	my e Melast	OLAN BETWEEN ONSET AND DEATH		
	LEADING TO DEATH	(A)IMMEDIATE CAU	SE Reaptralory	collan ascili	³ -]		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused deoth.)						
	ANTECEDENT CAUSES	m m	etastavis Co	n. Ovary	1-2 mlh		
	DISEASES OR CONDITIONS, it any, giving rise to the above couse (A) stating the						
	UNDERLYING CONDITION tast.	(c)	***************************************		*********		
CENTIEL AND M	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),	AL	P*************************************				
	19A DATE OF OPERATION 19B CONDITION FO WAS PERFORMED Ca Ovary	abdominal pain	20A. AUTOPSY? IYOS OF NO	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?		
י ואינומפ	OR CONTRIBUTING LICALIST OF	21 & PLACE OF INJURY (e.g., in hame, farm, factory, street, aff etc.)	or obout 21 C. WHERE DID	(if In Boltimore	City, give exoct location)		
A ED	- IOF INJUKI	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
1	ITAPPROTE I	While At At Work					
	22. I certify that (I) (this hospital) attende	d the deceased fram	2/10	9 71 to S	1971		
	that (i) (we) last saw the deceased alive a		1971and the	ot in(my) (aur) apin	Ian death accurred an the date		
and haur and fram the causes stated abave. (i) (We) (did) (did not) view the bady after death.							
	Janha Voranaksa	The same of the sa	iding Med.	Staff Phys.	23B DATE SIGNED		
	23 CHYSI CIAN'S NAME (Typo)	2	3D. ADDRESS				
JANTRA VORARAKSA D. DOGGERE BON SECOURS HOSPITAL 24A. BURIAL GREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY 124D. LOCATION (City, lown of county)							
	KEMOVAL (Specify)	NAME of CEMETERY OF CRE			, town, or county) [Slote]		
2		ake View Memori		berty Rd. C	arroll Co. Md.		
		Ban M.D.	25C. FUNERAL DIRECTOR	9770 ***	ADDRESS		
V:	5 150-REV. 1/1/68	VIS.	JACK THE DASTRE	0/40 Libert	y Rd Randallstow		



DIRECTOR:

FUNERAL

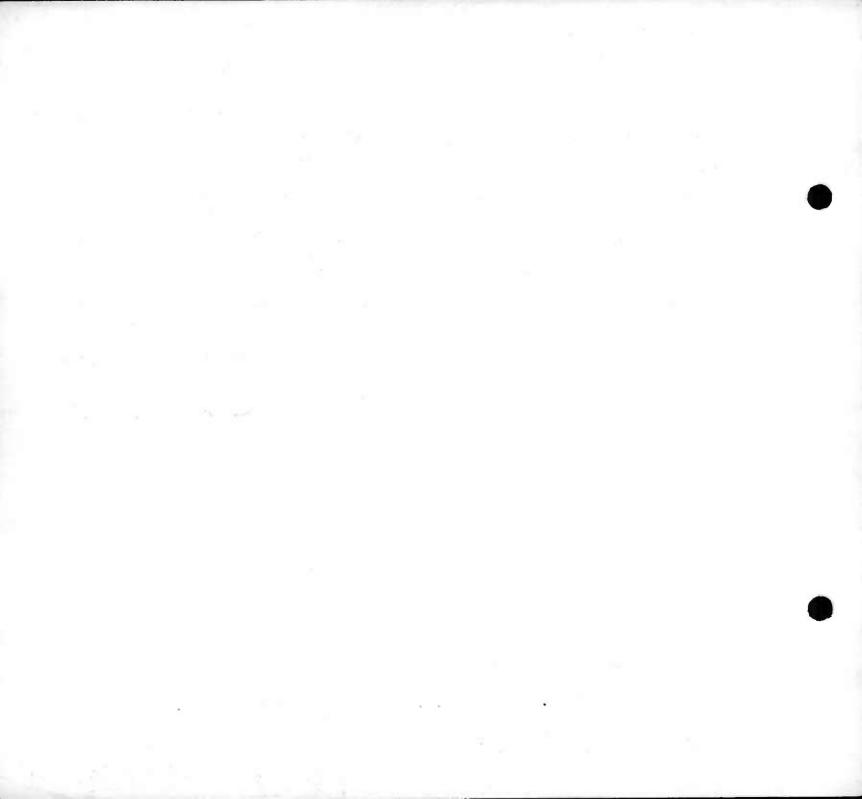
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	A-612	1735		HEALTH DEPARTMENT	REG. NO.	1 1735				
	NAME OF DECEASED			0.0455	ND HOUR OF DEATH					
	Type or Printl SAMES	WILLSOM	ARBUCK		7- 71	1				
Ш	3. PLACE IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE Where deceased lived. If institution: residence below admission A. STATE 8. COUNTY						
- 11	NSTITUTION ADDRESS OR LO			C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	243 5, DALL	AS COU	RT	E. STREET AND NUMBER 243 S. DALLAS COURT						
5	. SEX 6. RACE	7. 445545 [7]								
	MW	WIDOWED	NEVER MARRIED DIVORCED	6-25-1904	9. AGE IIn years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.				
إ	OA, USUAL OCCUPATION (Give kind of vone during most of working life, even if refire	ork 108, KIND OF BU	USINESS OR INDUSTRY	11. 81RTHPLACE Stote or lore	gn country)	12. CITIZEN OF WHAT COUNTRY				
	REPAIRMAN	TELEV	ISION	INDIANA		U.S.A.				
Ī	3. FATHER'S NAME			14 MOTHER'S MAIDEN NA	ME	3.77				
	WM. E.R. AR	BUCKLE		LORA	C'ROS'S					
l	Was Deceased Fuer in II C A I		S- SOCIAL	17. INFORMANT		ADDRESS				
	es, no or unknown) (If yes, give wor or d	ales at service)	SECURITY NO.	Mrs. Frene arbi	uckle - 243					
	1 10 00 1		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION LEADING TO DEAT	11. +1								
	(This does not mean the made heart failure, asthenio, etc. It mea	y 7 mylls								
	injury or complication which caus ANTECEDENT CAUS	20 th								
	DISEASES OR CONDITIONS, i	do munito								
	rise to the above cause (A UNDERLYING CONDITION just									
	CO									
1014	OTHER SIGNIFICANT CONDITIONS C	THE TERMINAL	******************							
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED 20A. AUTOPSY? IYES O NO. 20B. IF YES, WERE FINDINGS CONSI IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS LINDERLYING 1.									
Top	25/29/69 WAST	SES OF DEATH?								
1	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PL/ hame, (ACE OF INJURY le.g., in farm, foctory, street, affi	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If tn Baltimore	City, give exoct lacotion)				
AA ED!	21D.TIME Manth) Doy) (Year	r) (Hour) 21E, IN.	JURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?					
3	(APPROX.)	While A	Not While							
	22. I correify that (1) (this hospital) alterned the decrease of the control of t									
	that (i) (we) last saw the deceased alive an 2/// 197/ ond that in (my) (our) opinion death accurred on the date									
	and haur and from the causes stated above. (i) (We) (did not) view the bady after death.									
	23A. SIGNATURE 23B. DATE SIGNED									
	23C. PHYSICIAN'S NAME (Type)	PIE	OEGREE Phys.	Director L I	Staff Phys.	7/0///				
124	A. BURIAL CREMATION, 24B. DATE		DEGREE	SINXI	1405 0776/					
	REMOVAL (Specify)		HAVEN (EN			, tawn, or county) (State)				
25	A. DATE REC'D BY HEALTH DEPT. FEB 22 1971		EGISTRAR	25C FUNERAL DIRECTOR	SAUTO, N	ADDRESS OF				
	150-REV. 1/1/68		0 0	A HEOVEL VED	-2334	Roberton M.				

Walter Commence of the Commenc the production of the second second

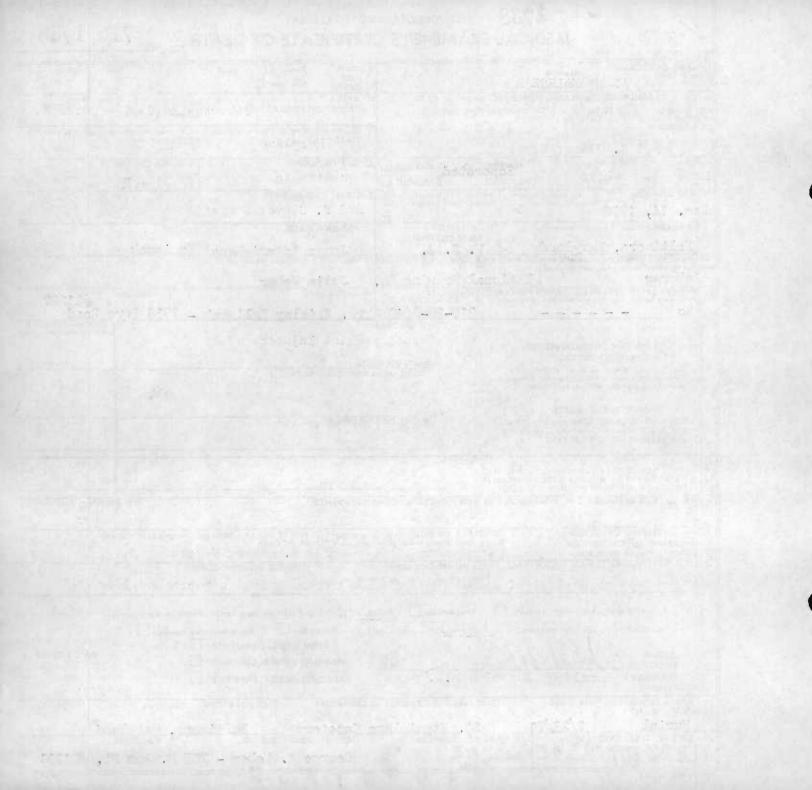
M460 71 1736 BALTIMORE CITY HE MEDICAL EXAMINER'S	CEDTIFICATE OF DEATH					
BIRTH NO.	CERTIFICATE OF DEATH REG. NO.					
1. NAME OF DECEASED	2. DATE Known Month Day Year Hour					
(Type or Print) MARIEA MILLER	OF DEATH Estimoted []					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 2 19 1971 2:25 a					
OR INSTITUTION ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceased lived. If institution: residence belare admission)					
O 7 533 N. Glover St.	A. STATE Md. B. COUNTY 7/02/					
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
MARKIED W NEVER MARKIED						
female White WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (In yeors If Under 1 Yr. II Under 24 Hrs.	ISE NOC					
12-25-1897 73'	533 N. Glover St.					
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME					
MARYLAND U.S.A.	HERMAN VOELKER					
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even If retired)						
	SUSSANA KOLAR					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown)((if yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	LB. INFORMANT ADDRESS					
214-30-4822	Hr. Henry Welland - 200 Mars Sel.					
19. LL 1 0 L. CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY Arteriosc1	erotic cardiovascular disease					
LEADING TO DEATH						
(This does not mean the mode of dying, e.g., (A)IMMEDIATE DUETO, OR	AS A CONSEQUENCE OF:					
heart foilure, osthenio, etc. It means the disease, Injury or complication which coused death.)						
ANTECEDENT CAUSES (B) DISEASES OF CONDITIONS IS ANY CIVING	AS A CONSEQUENCE OF:					
MISE TO THE ADDIE CAUSE (A) STATING THE	AN A SHALLOCK SI.					
Z UNDERLYING CONDITION LAST. (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
DISEASE OR CONDITION GIVEN IN PART 1 (A).						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)					
	no					
	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) e bldg., etc.) INJURY OCCUR?					
UNDERLYING OR CONTRIB-	So blogs, etc.) in the control of th					
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?					
	WHILE					
23.	TOTAL COLUMN TOTAL					
I certify that I held on Inquiry Inspection X Au	ond that on this basis, deoth in my opinion					
resulted from: Natural couses K Accident Suici	de Hamicide Undetermined manner					
	CHIEF MEDICAL EXAMINER					
ACTUAL / //h. / /h.	ACCISTANT MEDICAL EYAMINED F					
SIGNATURE M.E						
NAME (Type) (Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER 2-19-71					
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY						
REMOVAL (Specify)	TH. CEM. SALTO, MD.					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	23C. FUNERAL DIRECTOR ADDRESS					
LEB XX EVI CASE & CONTRACTOR	Therefore - 2331 Stenson DI					
VS 151-REV. 1/1/68						

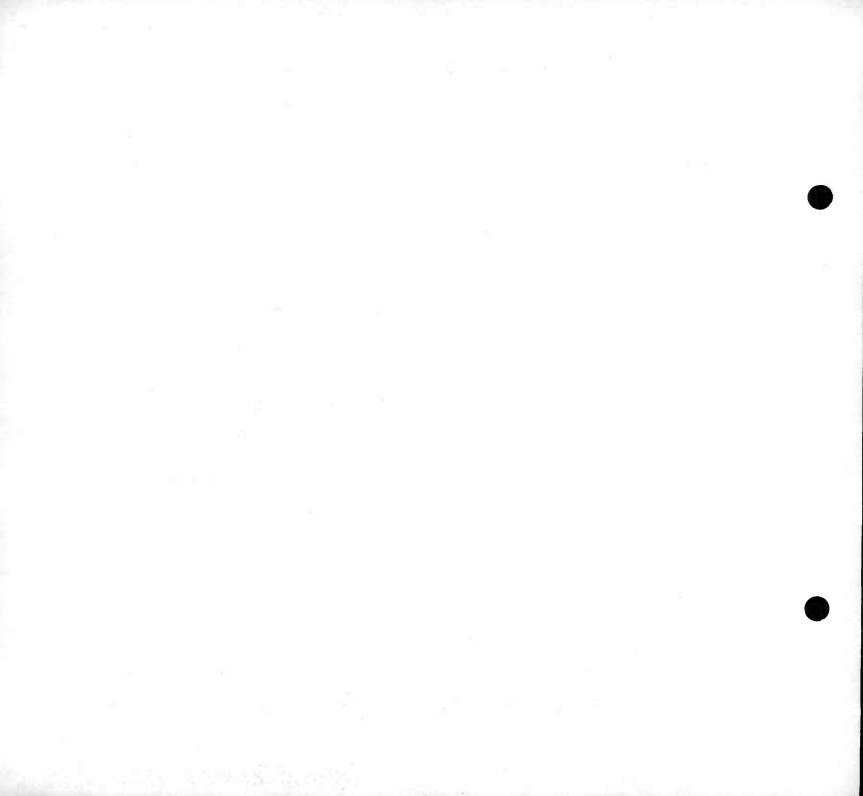


71 1738 BALTIMORE CITY HEALTH	1 DEPARTMENT								
K-422 MEDICAL EXAMINER'S CER	tere di la la	38							
BIRTH NO.	REG. NO.	-							
((vpe or Print)	DATE Known Manth Day Year Hour								
ADAM KALISZAK	OF DEATH Estimated								
	PRONOUNCED DEAD February 20, 1971 8:2	5 A.							
HOSPITAL ADDRESS OR LOCATION)	16514417 20,1771 0.2								
00 521 S. Glover Street	JSUAL RESIDENCE (Where deceased lived. If institution; residence before a B. COUNTY	dmission)							
MENTER THE MAKEU	CITY OR TOWN D. INSIDE CITY LIMITS?								
MILLE WIDOWED DIVORCED	Baltimore YES X NO 🗆								
lost histhday) Months, Days, Hauss, Min	121 S. Glover Street								
	FATHER'S NAME								
Baltimore, Maryland U.S. A.	James (Stanislaus) Kaliszak								
IAA.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15.	MOTHER'S MAIDEN NAME								
Laborer National Brewing Co.	Julia Weber								
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ((If yes, give wor ar doles of service) 17. SOCIAL 18. I	INFORMANT ADDRESS #21:	227							
No 219-28-6640 Mr	s. Shirley Kaliszak - 2938 Bero Road								
19. — 9291 X CAUSE OF DEATH	APPROXIMA BETWEEN ONS								
DISEASE OR CONDITION DIRECTLY	bral Injuries								
(A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g.,									
heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	ONSEQUENCE OF:								
ANYTOTOTONY CAUSES									
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	CONSEQUENCE OF:								
UNDERLYING CONDITION LAST									
(c)									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PER		14. 8							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 21. AUTOPSY? (Y	es or No)							
	yes								
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., in or home, form, foctory, street, alfice bldg.	about 22C. WHERE DID (If in Boltimore City, give exact location)								
UTING CAUSE OF DEATH. Home	521 S. Glover Street 103								
OF INJURY	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?								
(APPROX.) 2-19 or 20,1971 ? m. WORK NOT WHILE AT WORK Found lying on basement floor									
23. 1 certify that I held an Inquiry Inspection Autopsy									
resulted fram: Natural causesAccident & Suicide	Hamicide Undetermined manner								
ACTUAL / 0 / / //	CHIEF MEDICAL EXAMINER DATE S	IGNED							
SIGNATURE M.D. EXAMINER'S Ronald N. Kornblum, M.D.	ASSISTANT MEDICAL EXAMINER								
NAME (Type)	ASSOCIATE MEDICAL EXAMINER 2/20/71								
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CR	F114 T0 C)/	Stote)							

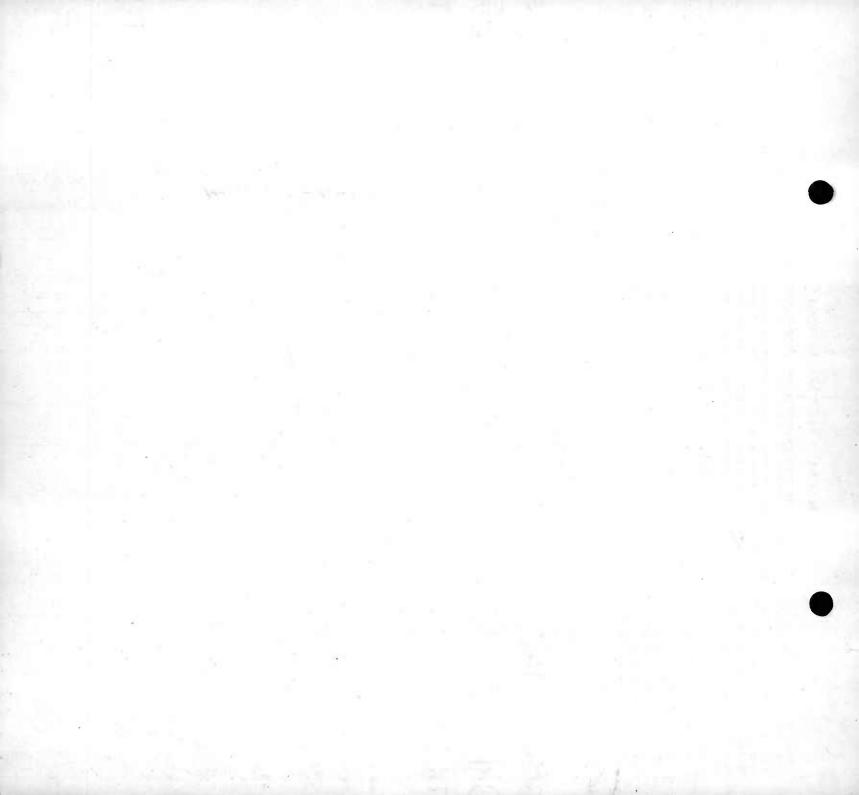
Burial 2/23/71 St. Stanislaus Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR ADDRESS
George A. Weber - 705 S. Ann St.

George A. Weber - 705 S. Ann St. #21231





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	1	1.634 71 1742 BALTIMORE CITY HEALTH DEPARTMENT 71 1742
	7007	BIRTH NO. 71 1742 CERTIFICATE OF DEATH REG. NO. 71 1742
	pital and of death Deceased te on the ath. Such	1. NAME OF DECEASED
		PRODOEHL, JOSEPH F FEBRUARY 18, 1971 11:50A
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	hospi use o (5) D ance deat	D. COONT
	9; (e)	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) G. CITY OR TOWN D. INSIDE CITY LIMITS?
	O O N P	ST AGNES HOSPITAL BALTIMORE YES XX NO
	outing led ca ar at priol	E. STREET AND NUMBER
		914 LEMMON ST 21223
		5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lif Under 1 Yr. If Under 24 Hrs. MAIF lost birthday) Months: Doys Hours: Min.
	occur ontrib ermin regule eased is ma	WINDOWED DIVORCED 07/08/24 49
		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	or or or or or or or or or or or or or o	CLEANER CARPET CLEANERS MARYLAND U.S.A.
	wart de pos	13. FATHER'S NAME
	† ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	The Grande ELEANOR PRODUENT
Z	D _ D = 0 _	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
E	kir kir de de	YES W W 2 213-12-0147 ST. AGNES HOSPITAL RECORDS
Ö	if t iny iny iny ed dan or fi	18. APPROXIMATE INTERVAL
P	miner or his niner. Also, fracture of o to pronounc gular atten embalmed	DISEASE OR CONDITION DIRECTLY
IMPORTAN		LEADING TO DEATH
••		heart failure, asthenia, etc. It means the disease,
OR:		injury or camplication which caused death.)
		ANTECEDENT CAUSES (B) Colypticales
U U		DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF: The condition last. (C) (B) DUE TO, OR AS A CONSEQUENCE OF: The condition last.
DIRE		UNDERLYING CONDITION last. (c) Condition by
	medical ledical e burns; (; hysician in was in remains	
A	medic ledic burn hysic n wc remo	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
E.	+ E > C.O o	DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19A. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
FUNERA	Chie Bod Bod the the ysic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1988. CONDITION FOR WHICH OPERATION WAS PERFORMED 2004. AUTOPSY? (Yes of No) YES 2015. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
3	tal by the chair (2) Bo here the volume of the before the before the before the the before the the the the the the the the the th	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 11 In Rollman City who are a bout 21
•	tal tal	OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice bldg., INJURY OCCUR?
	ospi ospi atur atur (6) M	21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	V - V -	(APPROX.) While At Wark At Wark
	これ アメドマ	22. I certify that (I) (this haspital) attended the deceased from FEBRUARY 18 19 71 to FEBRUARY 18 19 71
	4 to 0 (0	that (I) (we) last saw the deceased alive an FEBRUARY 18 19 71 and that In(my) (aur) apinian death accurred on the date
	st be cased the fent of spital death)	and haur and from the causes stated above. (I) (We) (did) (did nat) view the bady after death.
	deat deat deat must	23A. SIGNATURE 23B. DATE SIGNED
	5 6 .5	LIDIUS TOURCE W.S. Attending Med. Stoff To 19/1971
	tificate m y was rel (1) An acc).A. at a l d prior to approval	23C. PHYSICIANS 23D. ADDRESS DAITIMODE ND 21220
	was r An a L at o prior	I INFIRITE PAIRIUM MIII
	P S O S D	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
		Buch 2 ha/7/ P who had a
•	This cer the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT. GER. NAME OF REGISTRAR 25C. EUNERAL DIRECTOR 90 ADDRESS WILLIAM DEPT. 125C.
	********	LB & BI Valent E. Jailey The Colors to Calver O. Son I lie 90 A All Miles
		VS 150-REV. 1/1/68

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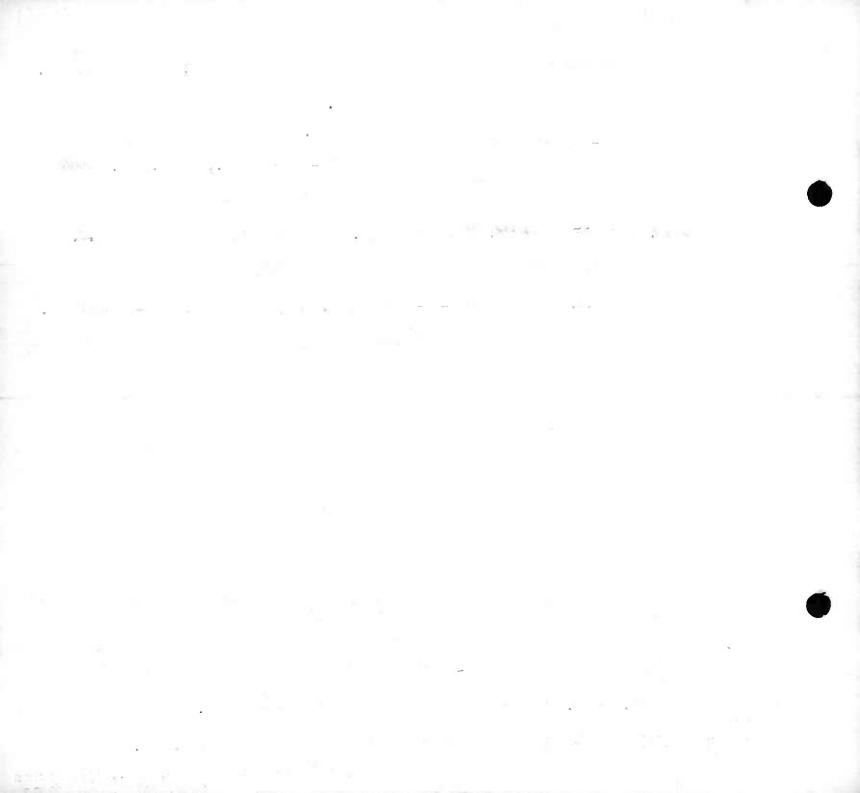
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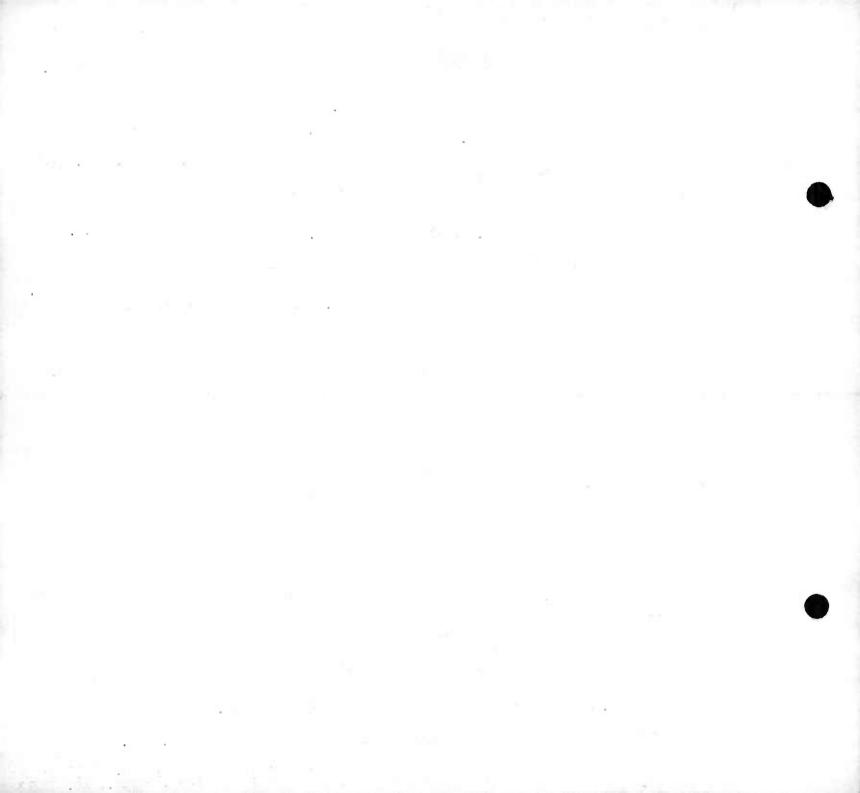
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Fig. 6 2000 de la Granda de La Compaña de la

1.05 tu	BALTIMORE CITY	HEALTH DEPARTMENT		M4 H1949
G-625 71 17	43 CERTIFICA	TE OF DEATH	REG. NO	VI 11/43
NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
ype ar Print) Auton Griczi	n Jr.	2-	18-71	1 /2 35 pm
PLACE IN BALTIMORE, MARYLAND, WHERE PRO		A. STATE B. COUNTY	deceased lived. If inst	titution: residence before admissional
ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN.		E CITY LIMITS?
Mouth Balt Den.	Hosp H	E. STREET AND NUMBER		YES NO
3001 S. Hanover S	y, ball,	916 Lug	at St.	
(A)	NEVER MARRIED	8. DATE OF BIRTH 9.	AGE In years st birthday	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, KIN)	VED DIVORCED	11. BIRTHPLACE (State or foreign	6 6	12. CITIZEN OF WHAT COUNTRY
TIRE REPLER	Store	Baltimore	Md.	7.5.A.
3. FATHER'S NAME		14 MOTHER'S MAIDEN HAM	,	,
ANTON GRICZIN	SR.	ANNA NO	RWILL	
5. Was Deceased Ever in U. S. Armed Forces?	16 SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown) (If yes, give war or dotes of serv	213-20-3322A	gon James	Griczin	3614 3 nd J
18. 4 4 1 2	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ZANIMMEDIATE CÂU	lured autic abo	(VIII) // (VIII - V	2 hrs.
(This does not mean the mode of dying, heart failure, aethenia, etc. It means the disc				
injury or complication which caused death.)	n	torevaloron		
ANTECEDENT CAUSES	(R)	uescocceros	J	
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION last.	(c)			
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG			
▼ IDISEASE OR CONDITION GIVEN IN PART 1 (A).			000 10 400 100-0	WINDLES CONCIDENCE
19A. DATE OF OPERATION 19R. CONDITION 1 WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OFERATION	20A. AUTOPSYT (Yes of No.)	IN CERTIFYING CAU	NDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTINO CAUSE OF	21 B. FLACE OF INJURY I a.g., home, farm, factory, street, o	n or obout 21C. WHERE DID	(If In Baltimare	City, give exact location)
DEATH (notify medical examined) 700	elc.) 21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY IAPPROXI	While At Not While Work At Work	• 🗖		
22 1 - 45 4 - 41 (1) (4) - 1 - 44-1) - 44-1			7/_to	2-18 19 71
22. I certify that (1) (this hospital) attend	~ - 10	- I		
that (1) (we) last sow the deceased alive and have and from the couses stated above			t in (my) (our) opin	lon death occurred on the do
23A. SIGNATURE	e, (i) (ne) (ala) (ala noi)	new the body diter death.		23B, DATE SIGNED
Daniel M Hawl	Ath DEGREE	nding Med. S	haff thys.	2-19-71
23C. PHYSICIAM'S NAME ITYPE Daniel M.	Howell m.D.	23D. ADDRESS South	Balt. &	en Hosp.
24A. BURIAL CREMATION, 24B. DATE 24EMOVAL ISpecify)	IC. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (Cit	y, town, or county! (Stote)
BURLA 2-22-71	Holy CROSS (lem Ba	Himone	MARYIANG
256. DATE RECOMMENDENT DEPT. 256. NA.	ME OF REGISTRAR	25G EUNERAL DIRECTOR	BOF FOR	of Ave.
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DIRECTOR:

FUNERAL



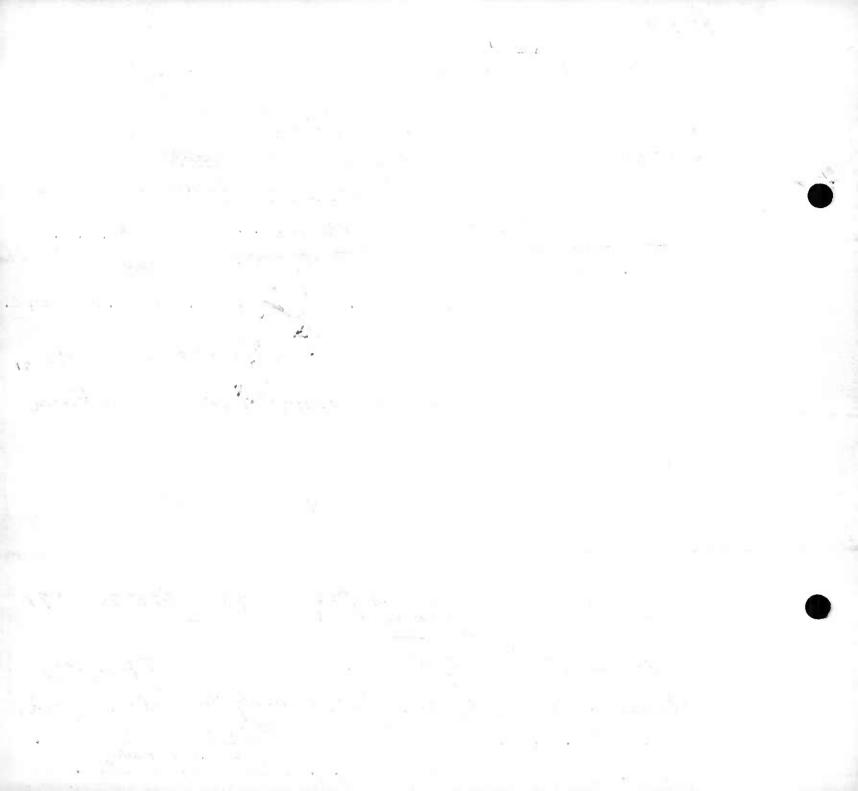
FUNERAL DIRECTOR: IMPORTANT

Ш.	1	- 5	14 4-	BALTIMORE CITY	HEALTH DEPARTMEN	T	A 100 A 273				
1	5-665	i.e.	4 1/	CERTIFICA	TE OF DEATH	REG. NO	71 1747				
	TH NO.			CERTIFICA							
	pe or Print)	Allero *	•		2. DAT	E AND HOUR OF DEATH					
1-	24 - 22 - 11 - 2 - 12	Joseph Bron				Feb. 19, 19	9:15 A M.				
	ILL NAME OF	IIMORE, MARYLAND,		UNCED DEAD	A. STATE & C	Where deceased lived. If	institution: residence before admission)				
III HC	STITUTION	ADDRESS OR LOC	INOITA	JINZE	c. CITY OR TOWN Baltimor		SIDE CITY LIMITS?				
	3/m	ERCY HOSPITA	L		E. STREET AND NUMBI	ER .	YES NO NO				
5. 5	PFU	l/	-			1129 Bayard St - 2/213					
3. :	M	6. RACE	MARRIED WIDOWED	NEVER MARRIED DIVORCED	10-8-05	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
				F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?				
1	ngine		Thon	retal	Boets.	hul.	Z.SA.				
136	FATHER'S NAM Cha	rles Broring	5		Sadie Cou						
15.	Was Deceased	Ever in U. S. Armed Fo	nces?	16. SOCIAL	17. INFORMANT		ADDRESS				
trei	Unknown)	1	es of Service)	SECURITY NO.	91. B.	1/20	B. 119 1112				
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	heart failure, a	isthenia, etc. It means	s the disease,	DUE 10, OR AS	A CONSEQUENCE OF:						
		olication which cause		281	ma 1- 1	11 80 1	200				
		NTECEDENT CAUSES		(B) CVA	87 MILTELLE AS	erice ex.	30 the he -				
	rise to the	R CONDITIONS, it above cause (A) CONDITION last.		(c) Pul	A CONSEQUENCE OF:	Em Goli	4 day 0 ?				
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0	OTHER SIGNIFICATION	CANT CONDITIONS CO	ONTRIBUTING	REPL	D. CHI		_				
CA.	DISEASE OR CO	NDITION GIVEN IN PA	RT 1 (A).								
Ě	2-11-	1971 WAS PE	R	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
CAL	OR CONTRIBUT	T WAS UNDERLYING [RING CAUSE OF medical examiner)	21 B horn elc.	PLACE OF INJURY (e.g., in ne, form, foctory, street, of)	or obout 21 C. WHERE DI	D (If In Boltima	re City, give exact location)				
1 100	21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?					
٤	(APPROX.)		Wh	ile Al Not While							
	22. I certify t	that (I) (this haspita			-15 -	19.7/ to 2	- /0 ~ 197/				
1	l .	last saw the deceas		1.0	19_7/and		Inian death accurred an the date				
			ited above. (i) (We) (did) (did nat) v							
	23A. SIGNATUR	IE .		1,1	44		23 & DATE SIGNED				
Sufferen Desplee Phys. Directer						Stoff Phys.	2-19-71				
	23C. PHYSICIAN NAME (Ty	t's pe)	1	2	3D. ADDRESS						
	CU		NGCH	ARORN MIL	MERCY	HOSPITA	the Bastimer Md				
24A	BURIAL CREM	ATION, 1248, DATE		AME of CEMETERY OF CRE			City, town, or county! (State)				
0	PREMOVAL IS	2/2/	, 9		64.	9 10	B 10 20.1				
25≜	PATE NEC'D	LY HEALTHY DEPT.	250 NAME (DE REGISTRAR	250 FUNERAL BIREC	TOR Stoods	O SDORESS DIT				
t	FR SS 1	UGBer E	Jakay		Arksond (10	want In else	C. YOLVOCKERS S				
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	Y HEALTH DEPARTMENT	MA AMAD					
H-120 71 1748 CERTIFICA	ATE OF DEATH REG. NO	71 1748					
BIRTH NO.							
1, NAME OF DECEASED (Type or Print)	2, DATE AND HOUR OF DEAT	Н					
OSCAR M. HAAVIG	2/86/05	I I:30 pm. M					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If						
	A. STATE B. COUNTY	1 -111					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND	2544					
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN D. IN	ISIDE CITY LIMITS?					
Non-tonon	ALTIMORE	YES NO					
HOUSE IN THE PINES BELVEDERE	C CYDEST AND ANIMOSE	1E3 [3 NO []					
2525 WEST BELVEDERE AVENUE	E. STREET AND NUMBER						
DALITHURE MARYLAND 21215	949J JEFFERY STREET						
SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.					
	lost birthdoy)	Months Doys Hours Min.					
MALE WHITE WIDOWED DIVORCED	12/4/1800 7I						
DA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY					
one during most of working life, even if retired) unknown	unknown						
other Reeper							
FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
01: 21	1 1 0 1						
UIAI UMMONT HAAVIG	HOLD YOLA	nnesen					
5. Was Deceased Ever in U. S. Armed Forces? [es, no or upknown] (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS					
	0 011	Balto, 2123					
1 unknown 1 133-09-321	AMRS. K. Wilsen 1043	2 pristol +1.					
18. (L /) L CAUSE OF DEA		APPROXIMATE INTERVAL					
		BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	andras Orient Co						
(A) IMMEDIATE CA	USE	2 minut					
(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. Il means the disease,							
injury ar camplication which caused death.)	2						
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ANTECEDENT CAUSES	insulative aldervision	Jegro.					
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	cial						
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UNDERLYING CONDITION last. (C)							
11							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ☐ TO THE DEATH BUT NOT RELATED TO THE TERMINAL ☐ IDISEASE OR CONDITION GIVEN IN PART 1 (A).							
	120 A						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?					
WAS PERFORMED							
J 21 A. ACCIDENT WAS UNDERLYING	in or obout 21 C. WHERE DID (If in Boltin	nore City, give exoct location)					
	office bldg., INJURY OCCUR?	·					
DEATH (notify medical examiner) etc.)							
210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
OF INJURY While At Not Wh	ile 🗖						
(APPROX.)		1					
22. I certify that (1) (this haspital) attended the deceased from	1/19 1970 ta 2	-//6 1971					
2/1/6/	7 /	,					
that (1) (we) last saw the deceased alive an	19 and that in (my) (pinian death accurred an the date					
and haur and fram the causes stated above. (1) (#E) (did) (did not)	view the bady after death.						
23A, SIGNATURE		23B, DATE SIGNED					
	water of the table of the table of the table of the table of the table of the table of table	23b, DATE STORED					
Dh Dh	tending Med. Staff Director Phys.	2/16/71					
23 C. PHYSICIAN'S	23D. ADDRESS						
NAME (Type)	ADDRESS						
MLAN S. COHEN	MARYLANDER APT						
OEGRE	E	(6:4)					
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION	(City, town, or county) (Stote)					
Kul 1 9-19-71 /ak-Vinis/	emetery Sykesvill	e inna.					
DATE BECOME BY HER THE DEPT. SEE MANY OF BEGINNESS		1 Bakonses					
25A, DATE REC'D BY HEALTH DEPT 25B NAME OF REGISTROR	25C. FUNERAL DIRECTOR	By Appress					
LEB C C MILE ANDONE COLUMN COLUMN (1975)	Truccalla 237 Tate	APSCOHUP, 21225					

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IMPORTANT

DIRECTOR:

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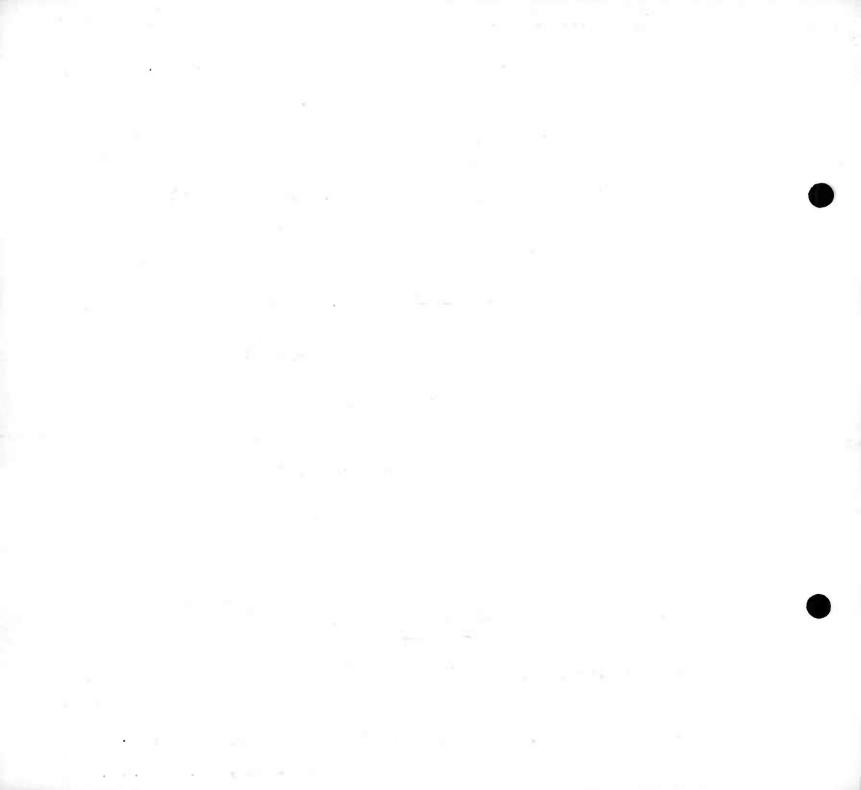
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(Stote)

2001 Griffis AVE. Adm. 12/23/69



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3-	2002	1	pe or Print)		am ti	Word	ler		21	17/41	1 4	115 P.
0	nospita se of (5) Dec	3,	PLACE IN BALTI	MORE MA	RYLAND, WHERE	PRONOUNC	ED DEAD	A. STAT	L RESIDENCE (WHE	e deceased lived. If	institution: reside	nce before admission)
ora ora	hospi ise o (5) D ance deat	FU	LL NAME OF	(IF NOT	IN HOSPITAL O	R INSTITUTIO	N. GIVE STREET	111	-/-	City	7	736
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	th collete	aon	e during most of wo	orking life, eve	en if refired)		INESS OR INDUSTRY	11. BIRTH	IPLACE (State or forei	gn country)	12. CITIZEN	OF WHAT COUNTRY?
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	if dect 4) U wa the	13.	FATHER'S NAM	E				14. MOT	HER'S MAIDEN NAM	AE	4	
/ ⊨	lire lire (4) h v disp		Willi	am A	Warder			J	osephine	Skinner	,	
Z	istant he dii kind; death ce on nal di	15. (Yes	Was Deceased E	ver in U. S.	Armed Farces? wor or dotes of s	l 6.	SOCIAL	17. INFO			ADI	DRESS
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1 H	ief dy y dy ici	CERTIFIC	19A-DATE OF O	PERATION	198 CONDITION	N FOR WHIC	H OPERATION	20 A. A	UTOPSY? (Yes or No)	208, IF YES, WER	FINDINGS CON	ISIDERED
Q1 5	t bat se	띎	2// (//	//		1+170 V				IN CERTIFYING C	AUSES OF DEAT	Н7
ŭ.	tal by		21 A. ACCIDENT OR CONTRIBUTI	WAS UND	ERLYING T	21 B, PLAC	CE OF INJURY (e.g., in m, factory, street, aff	or about	21 C. WHERE DID	(If In Boltim	ore Cily, give exo	ct location)
		8	DEATH (notify m	edicol exom	In eri	etc.)	CONTRACTOR CONTRACTOR					
	465768	MEDI	21 D. TIME (/	Month) (Do	y) (Yeor) (Hou		JRY OCCURRED		21F. HOW DID INJU	RY OCCUR?		
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	a cc a rel]	23C. PHYSICIAN NAME (Type	s	recen	~ pi	DEGREE Phys.	3D. ADDR		Staff Phys.	2/1	7/ '
	was r An a An at prior		NAME (Type		c 41		- alt	/ /	1/1/	(.)	11	/
		24A	BURIAL CREMA	ATION 124B	DATE	24C. NAME	DEGREE	U7	110m //	emorial	MOSP)
	T-1000-		REMOVAL (Spe	ecify)		ALL HAME	of CEMETERY of CRE	WAIORY	24D. LO	CATION (City, town, of cou	nty) (Stote)
			Burial		/20/71	Mor	eland Mem	. Pai	rk Ba	ltimore.	Marylar	nd
	This the back was dece	23A	DATE RECID B	, REALIH I	25B. N	NAME OF RE	GISTRAR	25C. F	UNERAL DIRECTOR		A	DDRESS
	E = 2 2 2 3	拝	14 2 2 Tu	064	10279	K. KA		Le	onard J H	uck Inc.	Baltimo	ore, Md



0	71	1753	BALTIMORE CITY	HEALTH L	PEPAKIMENI		Pag. a		
5-656)	1700	CERTIFICA	TE OF	DEATH	REG. NO	71	1753	
NAME OF DEC	EASED				2. DATE AN	D HOUR OF DEAT	H		
	Roy Graner					2-18-71	1	6	AM
PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL	RESIDENCE (When	e deceosed lived, II	institution: reside	nce before admi	ission)
ULL NAME OF	HE NOT IN HOSPIT	AL OR INSTITU	JTION. GIVE STREET	Md			2	73	7
OSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY O	Baltimo		ISIDE CITY LIMIT	F	
3 /	MERCY HOSPI	TAL		E. STREET	AND NUMBER		YES 🔀	NO L	
			74.	71	21 McClear	Boulevard	3		
SEX	6. RACE	7. MARRIED	NEVER MARRIED	& DATE O	FBIRTH	9. AGE [In years last birthday]	II Under 1 Manths: De	Yr. If Under 2	4 Hrs.
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L FATHER'S NAI	ME			14. MOTH	ER'S MAIDEN NAM	AE			
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(This does n	not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU				yans !!	<u> </u>	
injury of can	aethenia, etc. It means nplication which caused	death.)		(0			
1 2	ANTECEDENT CAUSES		(R)		45C	UD			
	OR CONDITIONS, If		DUE TO, OR AS	A CONSEQ	UENCE OF:				
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OTHER SIGNIF	FICANT CONDITIONS CO	NTRIBUTING HE TERMINAL							
DISEASE OR C	ONDITION GIVEN IN PAR	T 1 (A).	WHICH OPERATION	20A. A.	JTOPSY? (Yes or No	208, IF YES. WEI	E FINDINGS CO	NSIDERED	
OTHER SIGNIF TO THE DEAT DISEASE OR C 19A-DATE OF	WAS PER	PORMED		>	125	IN CERTIFYING	CAUSES OF DEA	TH?	
. OR CONTRIBI	NT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., i	n or obout 2	C. WHERE DID	üf in Baltir	nore City, give ex	act lacation)	
DEATH (notify	medical examined	etc.							
21D. TIME	(Month) [Doy) (Year)	(Houd 21E	INJURY OCCURRED	12	IF. HOW DID INJ	URY OCCUR?			
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	that (I) (this hospital	Whi	ile At Not While	-	/	19 <u>//</u> to	2/10	219	71
22. I certify	that (I) (this hospital	Whi Wo	ile At Not While	-		·····	plnion deoth		7 / ne dat
22. I certify that (I) (we) and haur and	last saw the decease d from the couses sto	Whi Wood of the dead of the de	ile At Not While	2 /	7/_ond th	19 <u>- 7 /</u> to	E 55.9	occurred on th	7 /
22. I certify that (I) (we)	last saw the decease d from the couses sto	Whi Wood of the dead of the de	Not While At Work the deceased from	2 / 19_riew the bo	7 ond th	19 // toat In(my) (our) c	opinion deoth o	occurred on th	7 /
22. I certify that (I) (we) and haur am 23A. SIGNATU	d from the couses stor	Whi Wood of the dead of the de	Not While At Work the deceased from	2 / 19	ody ofter death.	19 <u>- 7 /</u> to	E 55.9	occurred on th	7 / ne dat
22. I certify that (I) (we) and haur and	d from the couses stor	White work was a second of the deliver on the deliv	Not While At Work the deceased from (a) (We) (did) (did not) where the deceased from (b) (We) (did not) where the deceased from (b) (We) (did not) where the deceased from (b) (We) (did not) where the deceased from (b) (did not) (did n	19	ody ofter death.	19 // toat In(my) (our) c	E 55.9	occurred on th	7 / ne dat
22. I certify that (I) (we) and haur and 23A. SIGNATU	Jast saw the decease d from the couses stor JRE KNPS Typel	Whitehead the dalive on_ted above. (I	Not While At Work the deceased from	19_ riew the bounding [] 5.	ond the ody ofter death. Med. Director	stoff Depth Cy	238 DATE S	IGNED 2/1A	/ 17
22. I certify that (I) (we) and haur and 23A. SIGNATU	Jast saw the decease d from the couses stor JRE ANS ANS ANS ANS ANS ANS ANS AN	Whitehead the dalive on_ted above. (I	Not While At Work the deceased from (a) (We) (did) (did not) where the deceased from (b) (We) (did not) where the deceased from (b) (We) (did not) where the deceased from (b) (We) (did not) where the deceased from (b) (did not) (did n	19_ riew the bounding [] 5.	ond the ody ofter death. Med. Director	stoff Depth Cy	E 55.9	IGNED 2/1A	7 / ne dat
22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PAYSICIA NAME (I) 4A. BURIAL CRE REMOVAL (Jast saw the decease d from the couses stor JRE ANS ANS ANS ANS ANS ANS ANS AN	Whitwood the dalive on	Not While At Work the deceased from 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19	ond the ody ofter death. Med. Director ESS 240. Le	Stoff Phys.	238 DATE S	IGNED 2 3 5 5 5 5 5 5 5 5 5 5 5 5	/7
22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PAYSICIA NAME (I) 4A. BURIAL CRE REMOVAL (Jast saw the decease d from the couses stor JRE JRE ANS ANS ANS ANAMON, 248. DATE (Specify) 2/22/7	Whitwood the dalive on	Not While At Work the deceased from	19	ond the ody ofter death. Med. Director Dess 240. Louis Balluneral Director	Stoff Phys. C	238, DATE S	IGNED 2/1A	/ 17
22. I certify that (I) (we) and have and 23A. SIGNATU 23C. PAYSICIA NAME (I) A. BURIAL CRE REMOVAL (Buria	Jast saw the decease d from the couses sto JRE AND STORY AND ST	Whitwood the dalive on	Not While At Work the deceased from 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19	ond the ody ofter death. Med. Director ESS 240. Le	Stoff Phys. C	238 DATE S	IGNED 2 3 5 5 5 5 5 5 5 5 5 5 5 5	/7



Leonard

VS 151-REV. 1/1/68

J. Ruck, Inc. Balto. Md. 21214

3/1/7 - Letter from M.E.O. LC.

3/3/7/- * Glue shriffer "- /
p/- from yedecaf Clam - Da. Komblum

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Autorities, facilities

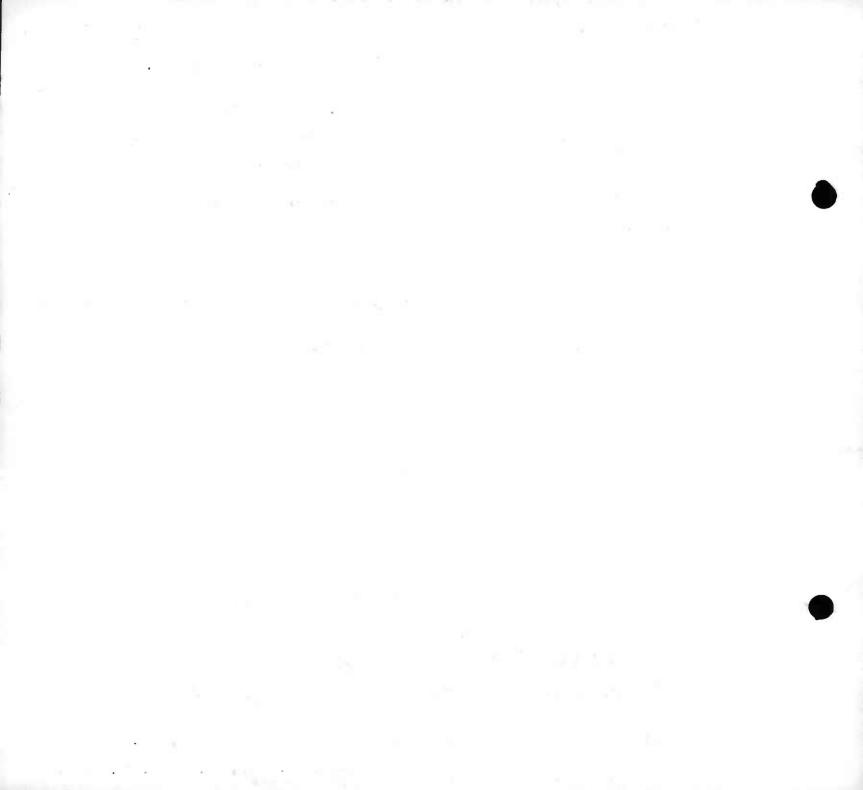
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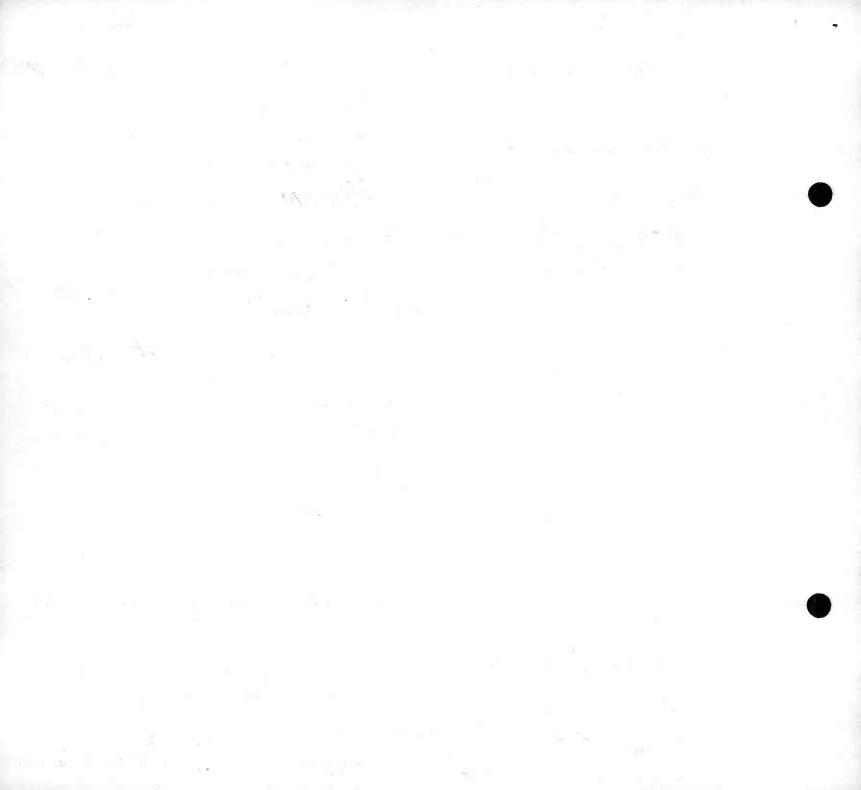
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FUNERAL



O v death IMPORTANT DIRECTOR: FUNERAL

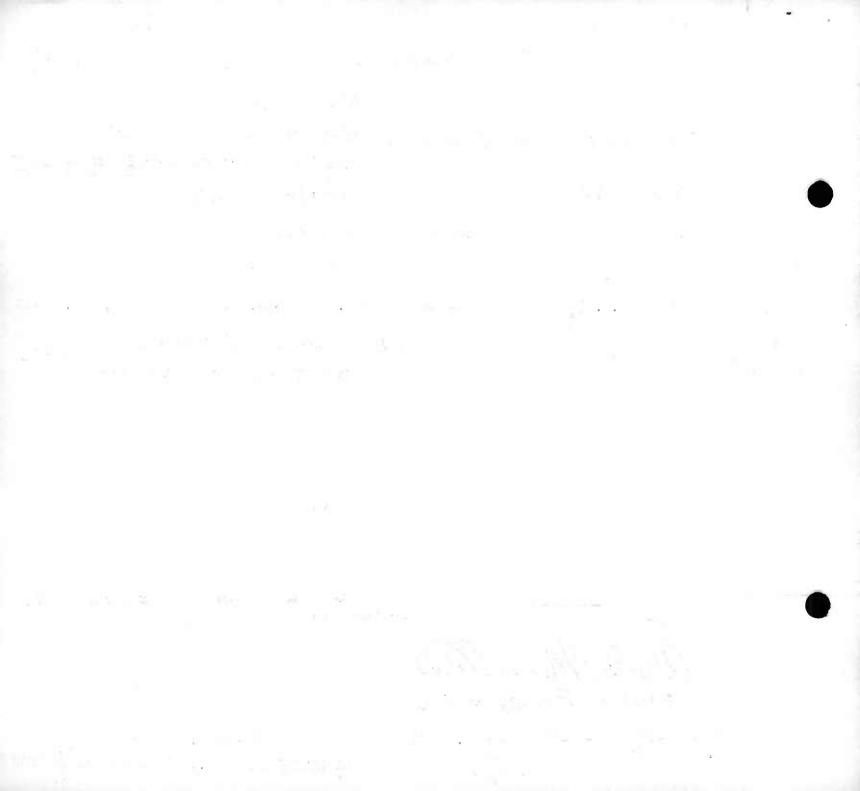
,	N. A.
REG. NO.	71 1756
D HOUR OF DEATH	
- 11 .55	53c PM.
e deceosed listed. If institution:	1 sidence before odmission)
D. INSIDE CITY	LIANTES
YES L	_
REST AVEN	76
G. AGE (In years If Und Months	er 1 Yr. If Under 24 His. Doys Houis Min.
gn country) 12. Cli	TIZEN OF WHAT COUNTRY?
	USA
AE	
SHEVRA ?	ADDRESS
, 3920 ROSECREST	AVE. #15
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
along arrest	5
array course	5 muse
V	78 m
	(
***************************************	1 mo
tex	***************************************
208. IF YES, WERE FINDINGS	S CONSIDERED DEATH?
(It In Boltimore City, gl	ve exact location)
	,
RY OCCUR?	
7/ 10 Fal- 1	
t in (my) (o or) opinion dec	
	TE SIGNED
hys. 🗵 🖭	6-16,1971
ES GENERAL HOSP	
CATION (City, town, o	
TIMORE, MARYLANI	
BROS.,6010 REI	STERSTOWN ROAD



IMPORTANT

DIRECTOR:

FUNERAL



IMPORTANT

DIRECTOR:

FUNERAL

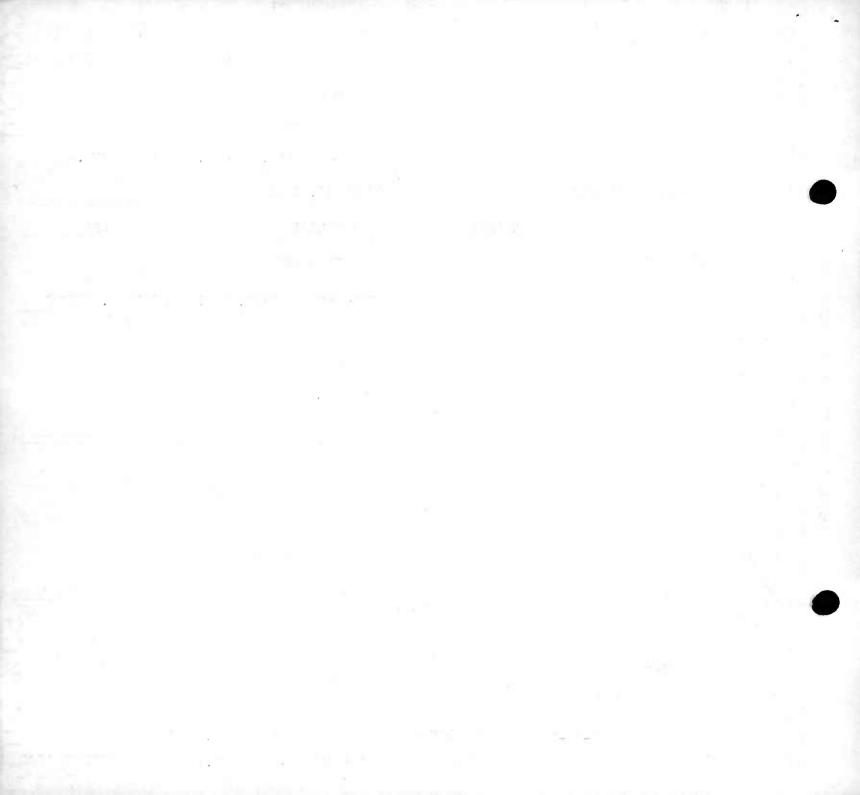
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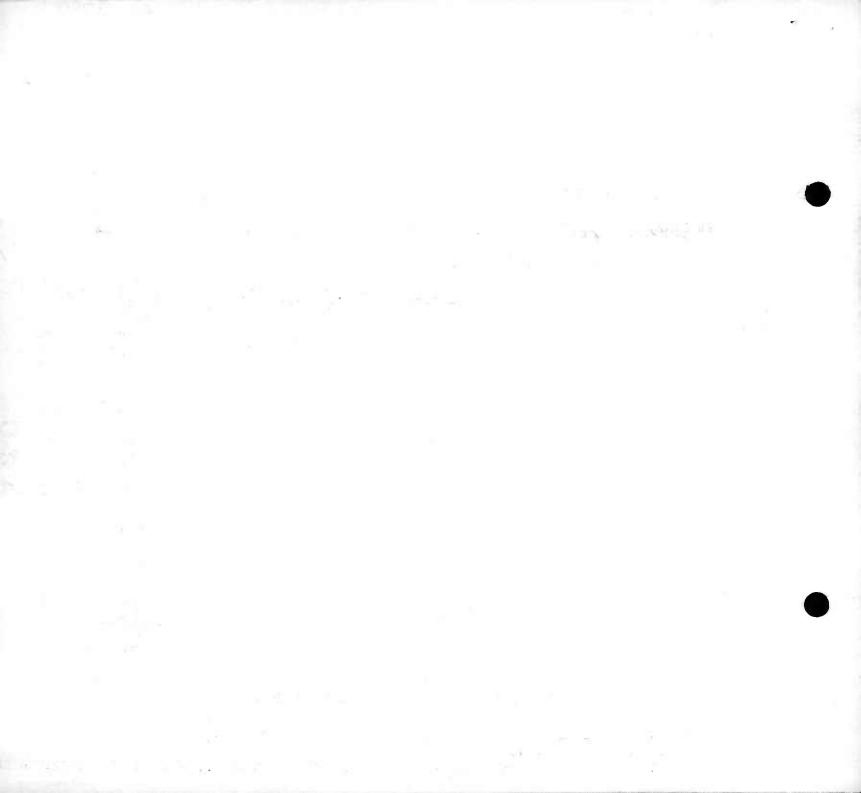
BALTIMORE CITY HEALTH DEPARTMENT



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and This cortificate must be approved by the chief medical examiner or his assistant if death occurred in

D / m.s	BALTIMORE CITY	HEALTH DEPARTMENT				
BIRTH NO. 71 1759	· CERTIFICA	TE OF DEATH	G. NO			
1. NAME OF DECEASED) - 1)	2. DATE AND HOUR	OF DEATH			
SINNSC	RUBIN	2-16-	11 1:30 PM			
3. PLACE IN BALTIMORE, MARTLAND, WHERE PROP	HOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	MARYLAND	2//7			
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CITY LIMITS?			
- 17		X BALTIMORE	YES NO			
3/ MERCY		E. STREET AND NUMBER				
MICKUT		CONCORD HOUSE, 2500	W. BELVEDERE AVE.			
SEX 6. RACE 7. MARRIE	D NEVER MARRIEDX	8. DATE OF BIRTH 9. AGE (In last birthdo	years If Under 1 Yr., If Under 24 Hrs. Months! Days Hours! Min.			
FEMALE WHITE WIDOW	ED DIVORCED	MARCH 15, 1881 89				
DA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY			
DOMESTIC AT	HOME	LITHUANIA	USA			
3. FATHER'S NAME	IOML	14 MOTHER'S MAIDEN NAME	03A			
		The second secon				
JACOB RUBIN		ROSE ABRAMSON	· · · · · · · · · · · · · · · · · ·			
S. Was Decoased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give war or dates of service	SECURITY NO.	17. INFORMANT	ADDRESS			
NO		MISS BERTHA SMITH, 29	01 D TERRY DR. #21209			
16. 40 2 VI 4 7 6	CAUSE OF DEATI	1	APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY	217	4 1	BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A) MMEDIATE CAU	se her atorses t				
(This does not mean the mode of dying, e.	OUE TO OR AS	A CONSEQUENCE OF:				
heart failure, aethenia, etc. It means the disea- injury or complication which caused death.)	5 C ₂					
ANTECEDENT CAUSES	whort	all salling sind	· la·lt			
DISEASES OR CONDITIONS, if any, givi	DUE TO, OR AS	A CONSEQUENCE OF:	NC 10010			
rise to the above cause (A) stating t		To a District	i i			
UNDERLYING CONDITION last.	(c) () (ah	en men mi				
_ []						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	G					
CIDISEASE OR CONDITION GIVEN IN PART 1 (A).						
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF	YES, WERE FINDINGS CONSIDERED RETYING CAUSES OF DEATH?			
U 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. PLACE OF INJURY (e.g., in norma, farm, factory, street, of	n or about 21 C. WHERE DID fice bidg., INJURY OCCUR?	II In Baltimore City, give exact lacation)			
DEATH (natify medical examiner)	etc.)					
21D. TIME (Manth) [Day) (Year) [Haud	TE INJURY OCCURRED	21F. HOW DID INJURY OCC	UR?			
	While At Not While	• [
	Work Al Wark		A 11 =1			
22. I certify that (i) (this hospital) attended	1 : /	<u>-6-//- 19 7/</u>	10			
that (I) (we) last saw the deceased alive o	n 2-16-71	197/ond that in(my)) (our) opinian deoth accurred on the dat			
and hour and from the causes stated above	. (1) (We) (dld) (did not) v	lew the body after death.				
23A. SIGNATURE			238, DATE SIGNED			
Stone Ano les	Diam	nding Med. Staff Director Phys.	7-16-71			
23 C. PHYSICIAN'S	DEGREET	23D. ADDRESS				
NAME (Type)	FK.M.D.	,				
D[/#WIJ 1/1 1/1/11	DEGREE					
24C REMOVAL (Specify) 24B. DATE 24C	NAME of CEMETERY OF CRI	MATORY 24D. LOCATION	(City, town, or county) (State)			
BURIAL 2-18-71 ANSHE NEISEN ROSEDALE, MARYLAND						
	E OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
CED 99 4000 CLALE SAL	Ship (Table)	SOL LEVINSON & BROS	6.,6010 REISTERSTOWN ROAD			
PED CO MAN INCOME.						

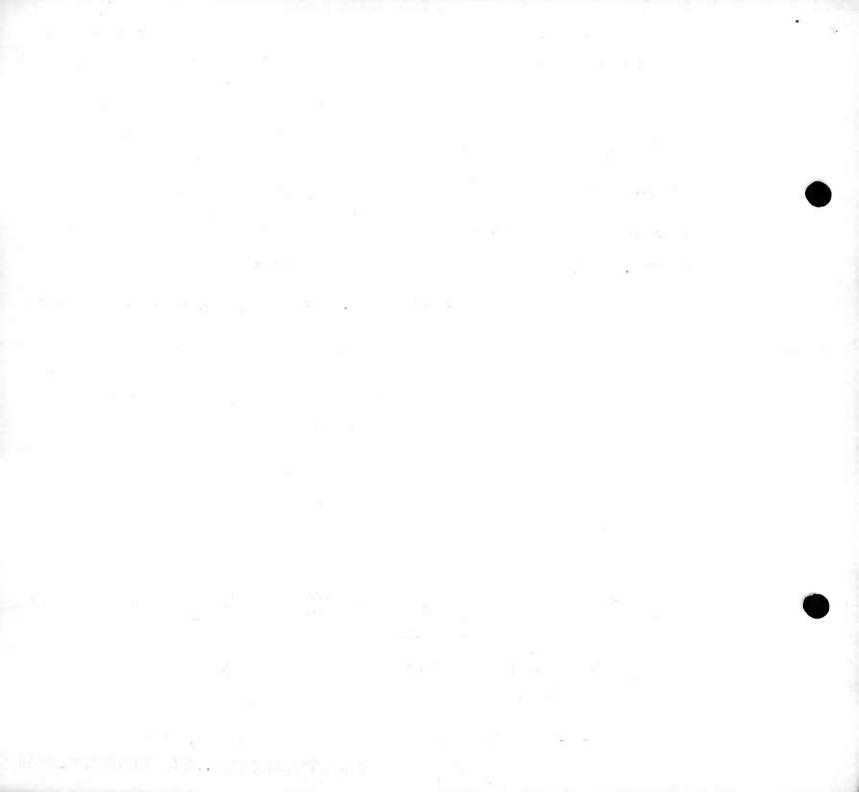




IMPORTANT

DIRECTOR:

FUNERAL



2-19-71

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV, 1/1/68

GIEL YAKOV

258, NAME OF REGISTRAR

BALTIMORE, MARYLAND

6010 REISTERSTOWN ROAD, BALTO, MD. 21215

EXECUM SOL LEVINSON & BROS.

ADDRESS

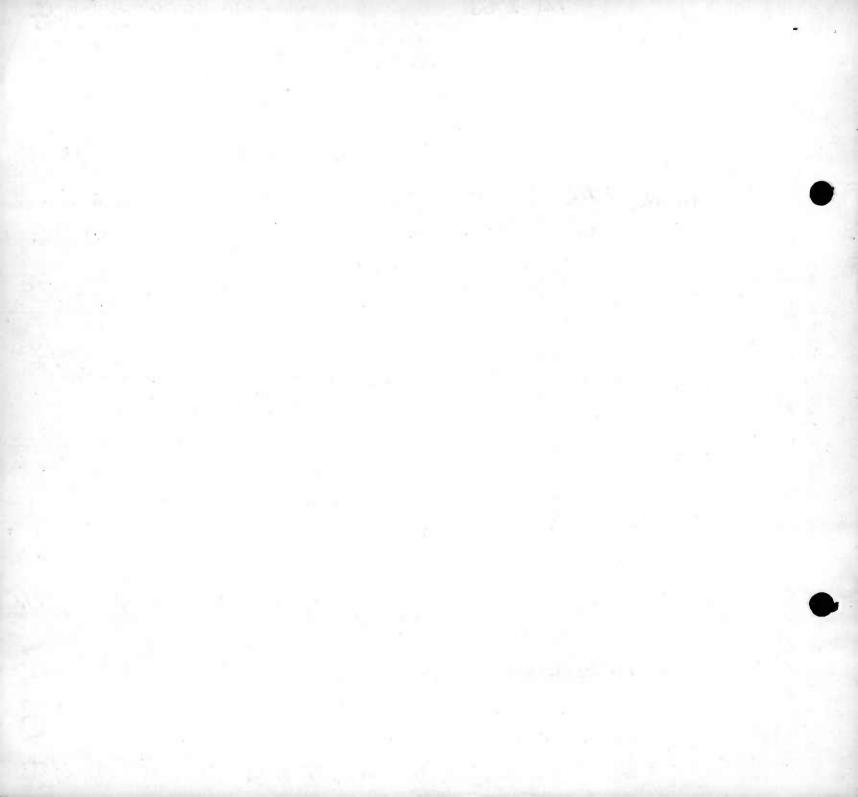
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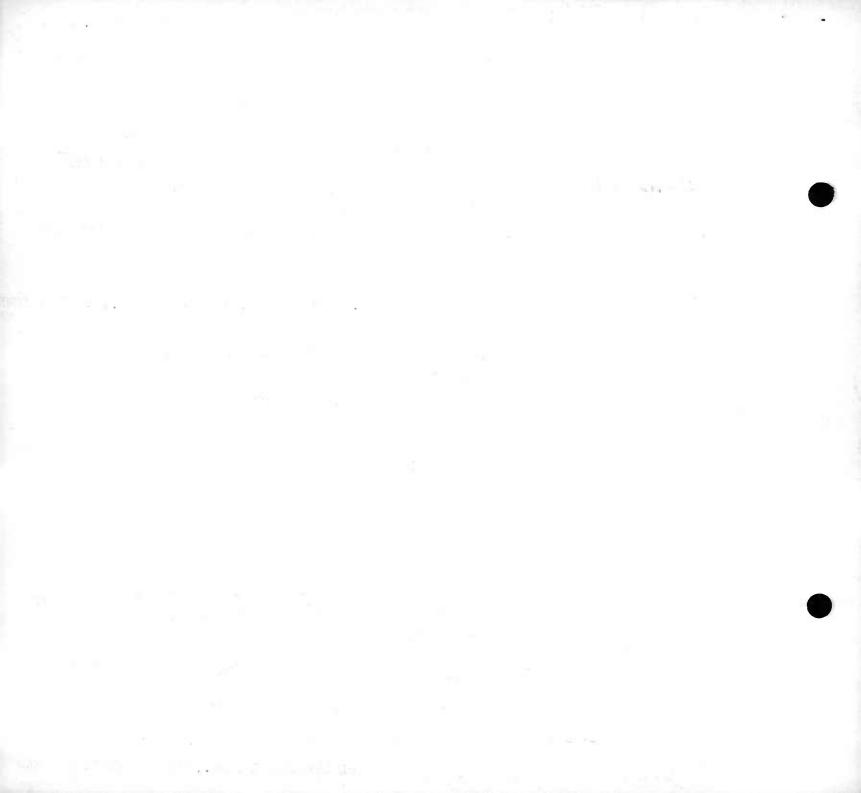
25C. FUNERAL DIRECTOR

Amleht ct and States of the Laborator Laborator Age BURNES . TO VITA THE MEAN AND THE STREET, STATE OF THE STREET, STATE OF

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT





24C. NAME of CEMETERY or CREMATORY

BALTIMORE HEBREW

25B. NAME OF REGISTRAR

24D, LOCATION

25C. FUNERAL DIRECTOR

BALTIMORE, MARYLAND

SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

ADDRESS

(Stote)

NAME (Type) 24A, BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)
BURIAL

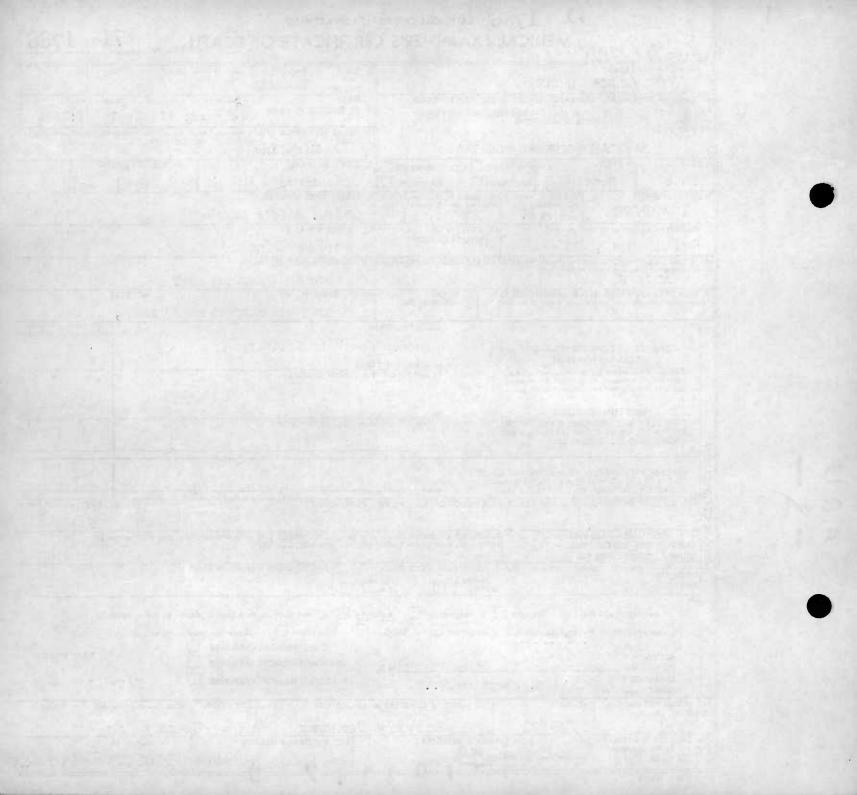
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24B. DATE

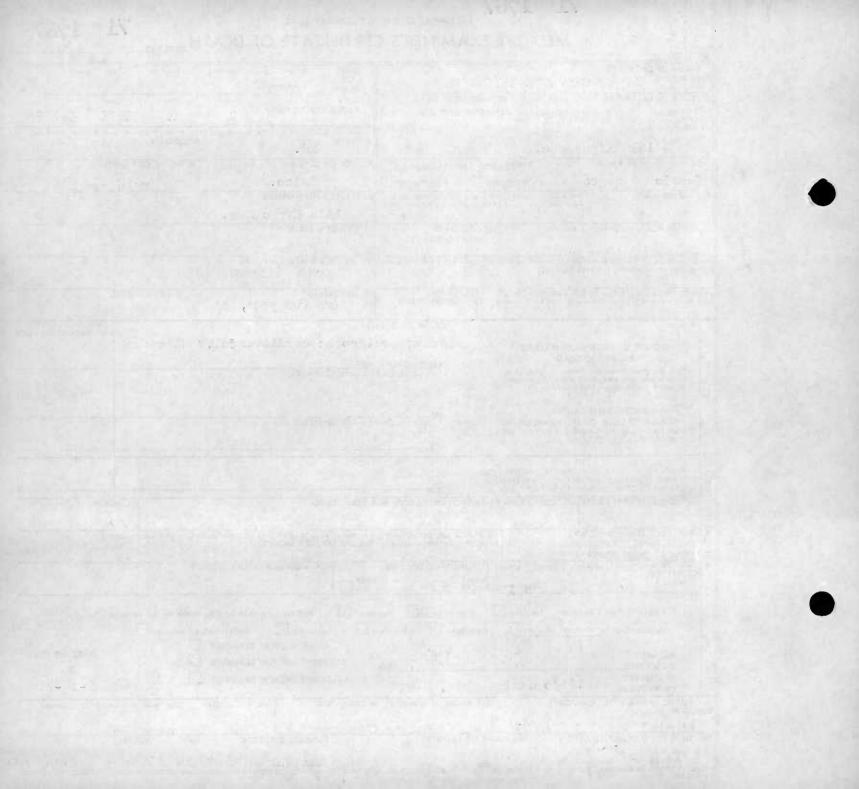
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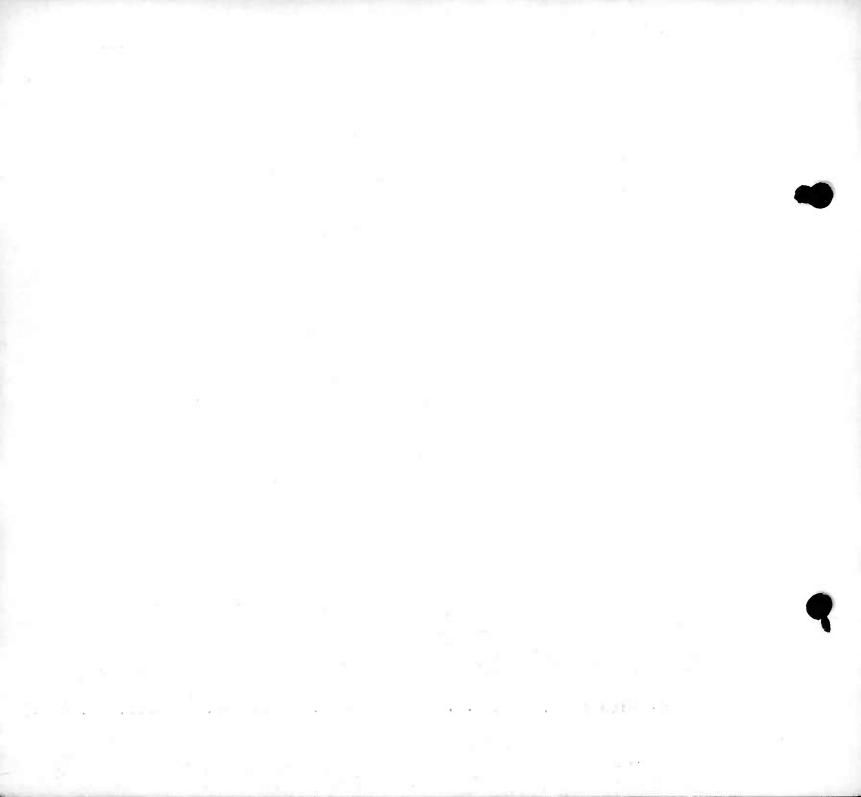
П		EALTH DEPARTMENT
	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 1766
	NAME OF DECEASED	
(1)	ype or Print) BERNIE HUNTER	2. DATE Known Month Doy Year Hour
1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted Month Day Year Hour
FL	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD February 17, 1971 7:05 A. M.
0	RINSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
12	MARYLAND GENERAL HOSPITAL	Maryland ///
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Male Negro WIDOWED DIVORCED	Baltimore YES NO NO
9.	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. Under 24 Hrs. Under 24 Hrs. Months 2 Days 1 Hours 2 Min.	E. STREFT AND NUMBER
	$12/25/70$ $1\frac{1}{2}$ mos.	535 W. Biddle Street
11.	. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
	Baltimore, Md WHATCOUNTRY?	Bernie Hunter
14	A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR	
do	ne during most of working lile, even if retired) Infant	Deborah Gissentaner
16.		18. INFORMANT ADDRESS
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no or unknown) (Il yes, give war or doles of service) 17. SOCIAL SECURITY NO.	
-	119. CAUSE OF DE	Miss Deborah Gissentaner, Same
	The Charles of Ber	BETWEEN ONSET AND DEATH
		death in infancy
	LEADING TO DEATH (A)IMMEDIATE	
	(This does not mean the mode of dying, e.g., heart loilure, asthenia, etc. Il means the disease, injury ar complication which caused deeth.)	AS A CONSEQUENCE OF:
	injury di compilconon witten coosea de oin.)	
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
z	UNDERLYING CONDITION LAST. (C)	
2	11	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
Ĕ	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
8	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
O	12)	yes
3	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	In or obout 22C, WHERE DID (II in Boltimore City, give exact location)
ă	UNDERLYING OR CONTRIB- home, form, lactary, street, office UTING CAUSE OF DEATH.	te bldg., etc.) INJURY OCCUR?
ž	22D. TIME (Monih) (Day) (Year) (Hour) 122E INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	(APPROX) WHILE AT NOT	T WHILE -
	23.	YORK L.I
		stopsy X and that on this basis, death in my opinion
	resulted fram: Natural couses 🗵 Accident 🗌 Suich	
	10.1/11	CHIEF MEDICAL EXAMINER
	ACTUAL / est // //	ACCISTANT MEDICAL EVAMINED TO DATE SIGNED
	SIGNATURE M.E	
	NAME (Type) Ronald N. Kornblum, M D.	ASSOCIATE MEDICAL EXAMINER 2/17/71
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
1	Burial 2/20/71 MT Calvary	y Cemetry A A County Md
25	A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	y Cemetry A A County Md
5	FB 22 1976 O. B. B. E. Jaben K.A.	
L	151-RFV-3/2/68	Adolphus Halstead 1206 W orth Ave



4-30	MEI	DICAL	EXAMINER'S	CERTIFICATE OF	DEAT	H REG. NO	71	1787
BIRTH NO. 1. NAME OF DEC			2. DATE Known OF	Manth	Day	Year	Hour	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)			3. DATE PRONOUNCED DEAD	Manth 2	Day 19	1971	12:59p _M	
OR INSTITUTION 16	16 Riggs Ave			5. USUAL RESIDENCE (Where A. STATE Md.	e deceased li	B. COUNTY	n: residence b	efare admission)
6. SEX female	7. RACE negro	B. MARRIE	D NEVER MARRIED DIVORCED	C. CITY OR TOWN Balto.		D. INSIDE C	(m)	
9. DATE OF BIRT		In years		E. STREET AND NUMBER 1616 Riggs A	Ave.		ES ES 1	<u>√0 ∐</u>
	tate or fareign country)		Z. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME				
4A.USUAL OCCU Jane during mast of w	PATION (Give kind of work rarking life, even ifretired)	148. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAM Sarah Hobr				
6. WAS DECEAS Yes, na ar unknawn)	ED EVER IN U.S. ARME (If yes, give war ar dates	D FORCES? of service)	17. SOCIAL SECURITY NO.	18. INFORMANT Mrs Sawyer	, sam	ie A	DDRESS	
(This does n heart failure injury ar can DISEASES (RISE TO THE UNDERLYIN OTHER SIGN TO THE DEA	LEADING TO DEATH of meon the mode of d osthenia, etc. It means th aplication which caused de NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA IG CONDITION LAST. II IFICANT CONDITIONS C ATH BUT NOT RELATED TC CONDITION GIVEN IN F	y, GIVING ING THE	(B) DUE TO, OR .	AUSE S A CONSEQUENCE OF: AS A CONSEQUENCE OF:				
	OPERATION 208. CO				no	SY? (Yes or No)		
UNDERLYING UTING CA	NAL CAUSE WAS OR CONTRIB- USE OF DEATH. Month) (Doy) (Yeo	ne	22E.INJURY OCCURRED WHILE AT NOT				oct location)	
actual Signatu Examine Name (T	PRE ISIA	Alure Miha	Accident Suicid	CHIEF MEDICAL E ASSISTANT MEDICAL E ASSOCIATE MEDICAL E	Undetermit XAMINER XAMINER XAMINER	death in my ned manner [DATE SIGNED 2-19 0 71
24A. BURIAL CREA REMOVAL (Specif Burial 25A. DATE REC'D	v) 2/26	/71	Mt. Calvary	Cemetry A		County		(Stote)
FFB 9	2 3330 136	250, IVA/	TE OF REGISTRAK	Adolphus			O6 W	orth A



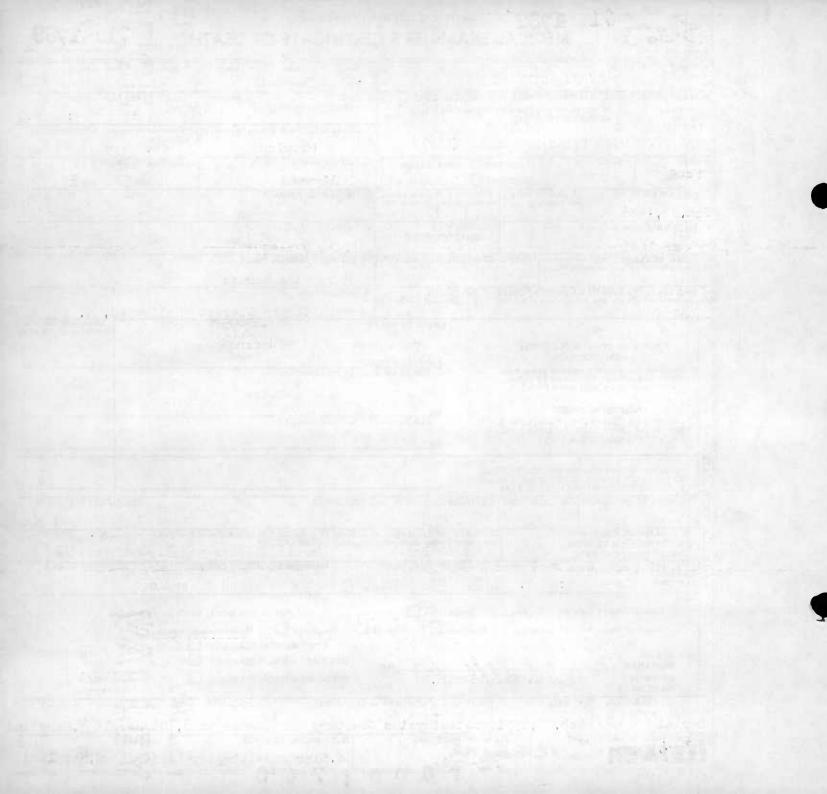
	1	BALTIMORE CITY HEALTH DEPARTMENT
	7007	BIRTH NO. 71 1768 CERTIFICATE OF DEATH REG. NO. 77
	and eath ased the Such	1. NAME OF DECEASED.
		(Type or Panil) Phillip William 2/17/71 (15 PM
	of done on ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B, COUNTY
	se Se (5)	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI
		INSTITUTION D. INSIDE CITY LIMITS?
	c 5 2 7	Baltimore YES V NO
	TO.= L	Lookale glacki autous Aluxi Honor (a)
	ber hed ad b	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 5) If Under 1 Yr. , If Under 24 Hrs.
	contribut contribut letermined in regular eceased pon is made	MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NO BIRTH 9. AGE (In years 5) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)
	nt if death direct or c ; (4) Undet th was in in the dec disposition	done during most of working life, even if retired)
	de Un Un as	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
-	7: (4) × + ods	Shelton Harmy
Z	4 di di di di di di di di di di di di di	15. Was Deceased Ever in U. S. Armed Forces? 15. SOCIAL 17. INFORMANT ADDRESS
TA	- 0 - 0 -	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
S	S -	18. CAUSE OF DEATH APPROXIMATE INTERVAL
IMPORTA	his as Iso, if of any unced tenda	DISEASE OR CONDITION DIRECTLY
Ξ	Also Also e of noun atte	LEADING TO DEATH
••		heart failure, asthenia, etc. It means the disease,
OR	iner. ractu pro ular mba	injury or complication which caused death.)
CT	E P P P P P P P P P P P P P P P P P P P	(R) / // ()
111	3) A	DISEASES OR CONDITIONS, if any, giving Tise to the abave cause (A) stating the
DIR	n su l	UNDERLYING CONDITION last. (C)
3	D := 1 'S ≯ E	To other significant conditions contributing EPILEPS (
M	E 5 4 5 5	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),
ER	~ ~ ~ u	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSYTUS OF No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	5 × 5 × 5	
正		OP CONTRIBITING CALLE OF
	アモッチュー	DEATH (notify medical examines) 21D.TIME (Month! (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? While At The Not While
	W 3 0 0	21D. TIME (Month! (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	proved the hos ny nat except and (6 btaine	(APPROX.) Work At Work
	proproproproproproproproproproproproprop	22. I certify that (1) (this haspital) attended the deceased fram.
	of of of of of of of of of of of of of o	that (1) (we) last saw the deceased alive an
	ased to dent of ospital death) must be	and have and from the causes stated abave. (1) (We) (did) (dld nat) view the bady after death.
		23A. SIGNATURE 23B. DATE SIGNED Attending Med. Shaff 7 - / 7 - / 7 - 7 /
	mus refec rccid a ho r to ral m	Director Phys.
	was re An ac A. at a prior pprove	NAME (Type)
	rificate my was religion of the color of the	Dr. Richard F. TysonM.D. DEGREE 936 W. North Ave. Balto. Md. 21217 244. BURIAL CREMATION, 1246. DATE 124C, NAME of CEMETERY of CREMATORY 124D, LOCATION (City, lown, or county) (Stote)
	certification body was vs. (1) An D.O.A. at ased prior ten appro	PARTIAL 246. DATE 246. NAME of CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) Partial 240. Location (City, town, or county) M. Calvary Cemetry A A County Md
		The state of the s
	This the show was dece	Halstead 1206 W N orth Ave
	3.	VSI 150 REVENTIVE



VS 151-REV. 1/1/68

100

W. Clarke Mattingley Leonardtown, Maryland



IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS YES -NO A If Under 1 Yr. Months: Doys , if Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? US BALTO MD CATON AVES WILKENS RECORDS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exoct location) 19 71 to FERRIARY 17 and that in (mx) (aur) apinion death accurred on the date 238, DATE SIGNED BALTO (City, town, or county) Dundalk, Maryland ADDRESS Raymond CoFink Glen Burnie, Md.

7/4 1779

1	5-640	0		TAN	_	ALTIMORE CITY HE			OF	DEAT		resa		
BIE	ITH NC.		WED	ICAL	. EA	AMINER'S	CK I IFI	CATE	Or	DEAT	REG. NO.	1/1	177	12_
_	NAME OF DEC	EASED					2. DATE	Known	₩	Month	Day	Year	Hour	
(Ty	oe or Print)		Michael	R	urle	17	OF	Estimote		Monin	Day	1601	noor	
4	PLACE IN BAL						3. DATE	Estimon		Month	Doy	Yeor	Hour	М.
	I NAME OF							INCED DE	AD			1001		
HO	SPITAL	ADDRE	SS OR LOCA	TION)		I, GIVE STREET				2	14	71	3:45	р м.
	INSTITUTION						A. STATE	SIDENCE	(Where	deceased !	ived. If institutio B. COUNTY	n: residence	before odmi	ssion)
1	6	Lut	theran	Hosp	ital		A. JIAIL	Mary1	and		D. COUNTY	160	07	
6.	SEX	7. RACE				NEVER MARRIED	C. CITY OR				D. INSIDE C	ITY LIMITS?		
	male	colore	ha	WIDOV	_	DIVORCED [Balti	maxa			ES X	No	
9. 1	DATE OF BIRTI		10.AGE (In			er 1 Yr. If Under 24 Hrs.	E. STREET A				Y	F2 E7	МОП	
	/25/63		lost birthdo	y) _	Months	Doys Hours Min.				1	5+			
				/	I C CIT	751 05			Ell	mont	Ave.			
11.	BIRTHPLACE (S		in country)			IZEN OF AT COUNTRY?	13. FATHER	S NAME						
	Maryla					USA UNTRY?								
14A	.USUAL OCCU during most of w	PATION (Give	e kind of work	14B. KINE	OF BU	SINESS OR INDUSTR	15. MOTHE	S'S MAIDE	NAN	AE .		192		
		orking incres												
16.	WAS DECEASE	ED EVER IN	U.S. ARMED	FORCE:	7 17	7. SOCIAL	18. INFORA	ANT	(Fo	ster	-Father	DORESS		
(Yes	NO unknown)	(It yes, give v	vor or dotes	of service)	SECURITY NO.	Lawre	nce F	egu		1616 E		+ S+	
	19.	~ (3				CAUSE OF DEA		100 1	CSu	.03	1010 153		PROXIMATE II	
	07	7.71				CAUGE OF BEA						BETW	EEN ONSET	ND DEATH
		E OR COND		CTLY				-						
		LEADING TO				(A) IMMEDIATE C	7005	al se	4	emia				
	heart foilure	ot meon the , osthenio, etc. aplication which	. It meons the	disease,		DUE TO, OR	AS A CONSEQ	UENCE OF:						
	injury or con	plicotion which	th coused dea	ih.)				4				0.00		
1	1A	NTECEDENT	CAUSES			(p)								
		OR CONDITION		GIVING		DUE TO, OR	AS A CONSE	QUENCE O	F:		***************************************			
	RISE TO THE	ABOVE CAL	USE (A) STAT	ING THE										
2						(c)								
CERTIFICATION	OTHER CICAL		II CO	NATO IN F	71.10		10.00							
<u>S</u>	TO THE DEA	IFICANT CON	RELATED TO	THE TERM	INAL									
置		CONDITION												
E E	A DAIE OF	· OPERATION	4 ZOR. COL	ADIIION	FOR WI	HICH OPERATION W	AS PERFORM	ED				21. AUTO	PSY? (Yes	or No)
	2											3	res	
EDICAL		NAL CAUSE			228. PL	CE OF INJURY (e.g., orm, foctory, street, offic	in or obout 2	2C. WHERI	E DID (If In Boltimo	re City, give ex	oct locotion)		
0	UNDERLYING UTING CA				nome, ic	in in tociony, siteer, onic	e bidg., etc.) it	JOK! OC	COKI					
Σ	22D. TIME (oy) (Year) (Hou	r) 22E.	INJURY OCCURRED	2	2F. HOW I	INI DIC	URY OCC	UR?			
	(APPROX.)				WHI	LE AT THE NOT	WHILE -							
	23.				m. WO	KN LI AIW	ORK L							
	1 cert	ify that I h	eld on i	ngulry		nspection 🗌 Au	tonsy XY	ond tha	t on th	Is basis.	death in my	oninion		
		ed from N		Service of the last of the las		Ident Suicio		micide [7			_		
	result	du irona it	A -	363	ACC	Ident 🔲 Suicio			_		ined manner			
	ACTUAL	116	12	110	12	1		HIEF MED			H		DATE SIGI	NED
	SIGNATU	JRE	UW		1	M.D	. ASSI	STANT MED	OICAL EX	XAMINER				
	EXAMINI	ER'S WE	erner U	J. Sp	itas			CIATE MED						
24	NAME (T		AR DATE		1010		eputy C					The second second	2/16/7	
	A. BURIAL CREA MOVAL (Specif		4B. DATE		24C.	NAME of CEMETERY	or CREMATO	KY	24D. L	OCATION	(City, tow	n, or county	(Sto	te)
	Burial	1 110	2/19/	71		Mt. Aubur	n Cem		B	altin	ore, M	arula	nd	
25	A. DATE REC'D			1	AME O	GISTRAR		UNERAL D	RECTO	R	1/01	DDRESS		
l i	FB 22	1971 U	Cobert E	A great			Ko	Lson	म म	13	348 N.C	Call	un St	
W.	151-REV. 1/1/68	107 1				100	Me.	- SOII	E • 11	• 1)	740 14.	Jamil	uii 50	•
V	LILLER V. MITTAR			1	7		1 3	A) /	3					

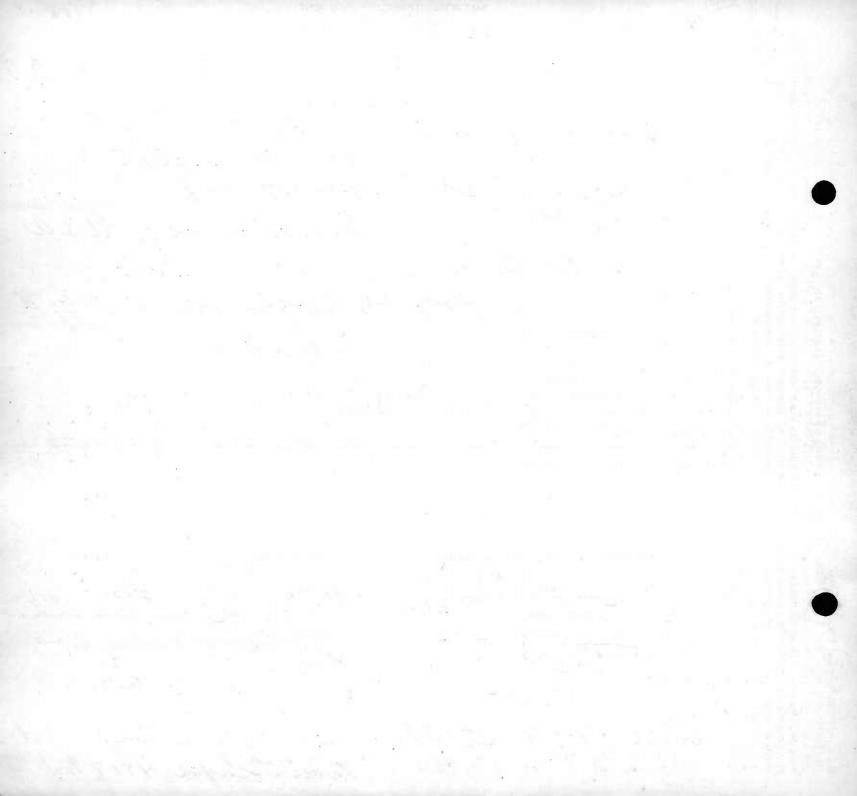
VS 150-REV. 1/1/68

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B



24C. NAME of CEMETERY or CREMATORY

258. NAME OF REGISTRAR

24D. LOCATION

25C. EUNERAL DIRECTOR

(City, town, or county)

(State)

NAME (Type)

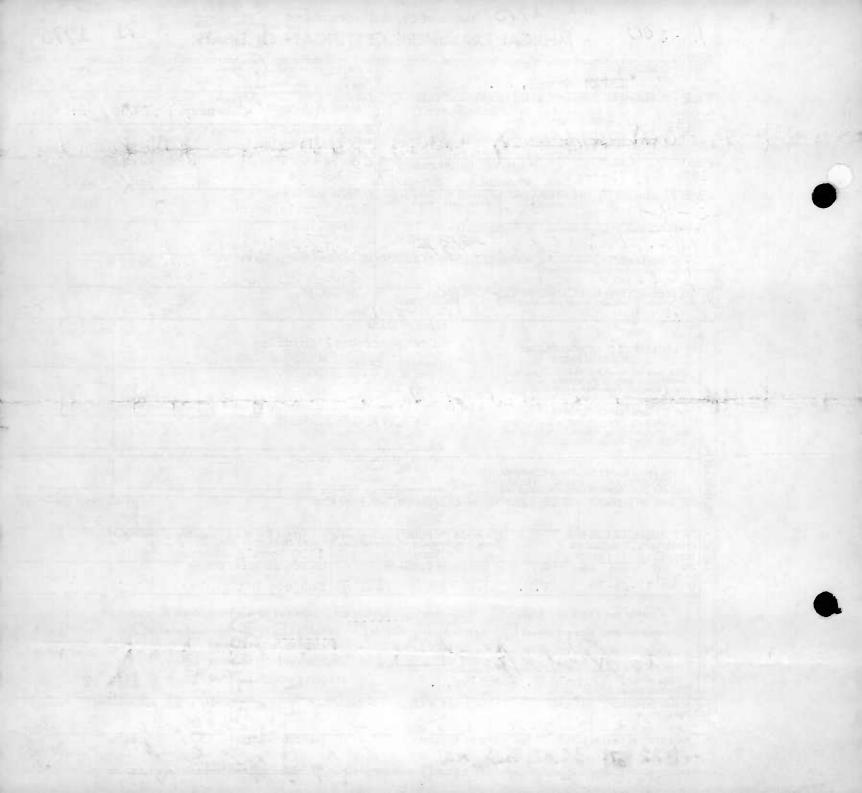
25A. DATE REC'D BY HEALTH DEPT.

248, DATE

24A. BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV. 1/1/68



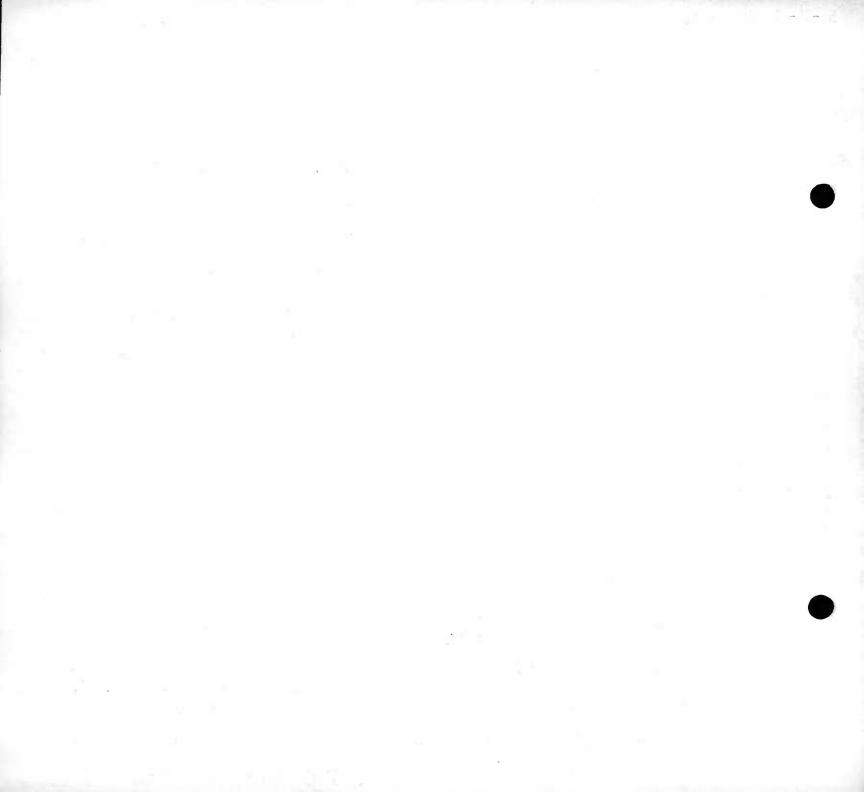
52) 71 17

71 1776 BALTIMORE CITY HEALTH DEPARTMENT

RII	L-520	MED	DICAL	EXAMINER'S	CERTIF	ICATE O	F DEA	TH REG. NO.	71	1776
	NAME OF DEC	FASED			2. DATE	Known K	Month	Day	Yeor	Tu
	pe or Print)	Johnn	y L	ongo	OF DEATH	Estimoted [_	Doy	reor	Hnur
4.	PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PR	ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HO	L NAME OF SPITAL INSTITUTION	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INS	TITUTION, GIVE STREET		RESIDENCE (WH	2	15	71	3:05 p
-	n to	cy Hospital			A. STATE	Maryland		B. COUNTY	4	0/
6.	SEX	7. RACE	8. MARR	IED ANEVER MARRIED	C. CITY C	RTOWN		D. INSIDE CI	TY LIMITS?	
m	ale	white	WIDOW	VED DIVORCED		Baltimon	ce	YI	ES #	№ □
	JULY 24t	lost hirthda	n yeors (Y) 46	Il Under 1 Yr, Il Under 24 Hrs. Months Doys Hours Min.	E. STREET	506 E. I	Baltimo	re St.		
11.	·	otate or loreign country) O e Md.		12. CITIZEN OF U.S. AT COUNTRY?		R'S NAME PHEN LONG	Ю			
14A don	USUAL OCCU	PATION (Give kind of work vorking life, even il retired)	TAV	OF BUSINESS OR INDUSTR	Y 15. MOTH					
	Later Control	ED EVER IN U.S. ARMEL			18. INFO		11100	Al	DDRESS	
(Ye	r no or unknown	NAVY W.W. II	of service	218-12-0955		RENZA LON	IGO 24	IN. En	A	tre
	19. 1	04		CAUSE OF DEA	тн		~_~/	10 (8		PROXIMATE INTERVAL
Н		E OR CONDITION DIRE	CTLY	Arterio	sclero	tic cardi	iovascu	lar dise	ase	
		LEADING TO DEATH of mean the mode of dy	dan on	(A)IMMEDIATE	CAUSE					
	heart failure	, osthenio, etc. It meons the	diseose,	DUE TO, OR	AS A CONSI	QUENCE OF:				
	injury or cor	nplication which coused de	oin.)							
		NTECEDENT CAUSES		(B) DUE TO, OR	AS A CONG	FOURNIES OF				
	RISE TO THE	OR CONDITIONS, IF AN' E ABOVE CAUSE (A) STA NG CONDITION LAST.	TING THE	DOE 10, 0k	AS A CONS	EQUENCE OF:				
Z	UNDEREIN			(c)						
ERTIFICATION	TO THE DE	II VIFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERM							~~~~
ERT				FOR WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes or No)
CC	2								yes	
EDICA	UNDERLYING	NAL CAUSE WAS GOR CONTRIB- USE OF DEATH.		228. PLACE OF INJURY (e.g., home, form, loctory, street, offic	In or obout e bldg., etc.)	22C. WHERE DI	D (II in Boltim	ore City, give exc	ect location)	
Σ	22D. TIME	(Month) (Doy) (Yea	r) (Hou) 22E.INJURY OCCURRED		22F. HOW DID	INJURY OC	CUR?		
	OF INJURY (APPROX.)			m. WHILE AT WORK AT W	WHILE		4			
	23.	ify that I held on I	ngulry [Inspection Au	topsy X	and that ar	this best	, death in my	!-!	
		ted fram: Notural cau		Acciden Suicio		domicide		ined monner		
	10301	I A A A	9/	200	16 LJ 1	CHIEF MEDICA				
	ACTUAL		NV	The man	AS	SISTANT MEDICA		-		DATE SIGNED
	EXAMIN	ER'S Werner	U. Sp	itz M.D. M.D.		OCIATE MEDICA	L EXAMINER			
24	NAME (1			24C. NAME of CEMETERY		Chief Med	dical E		2 , or county)	/16/71
RE	MOVAL (Speci	fy)	211						, or county)	(Stote)
1	BURTAT.	BY HEAUTH DETT	25EN	ATE OF REDISTRAR		FUNERAL DIRE		BALTO.	Md. DDRESS	
	45888	MAL NORME	8 48	See May	1	mak Da	000 1		. HIGH	H ST.
VS	151-REV. 1/1/6	8				7	THE ALL			

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VS 150-REV, 1/1/68

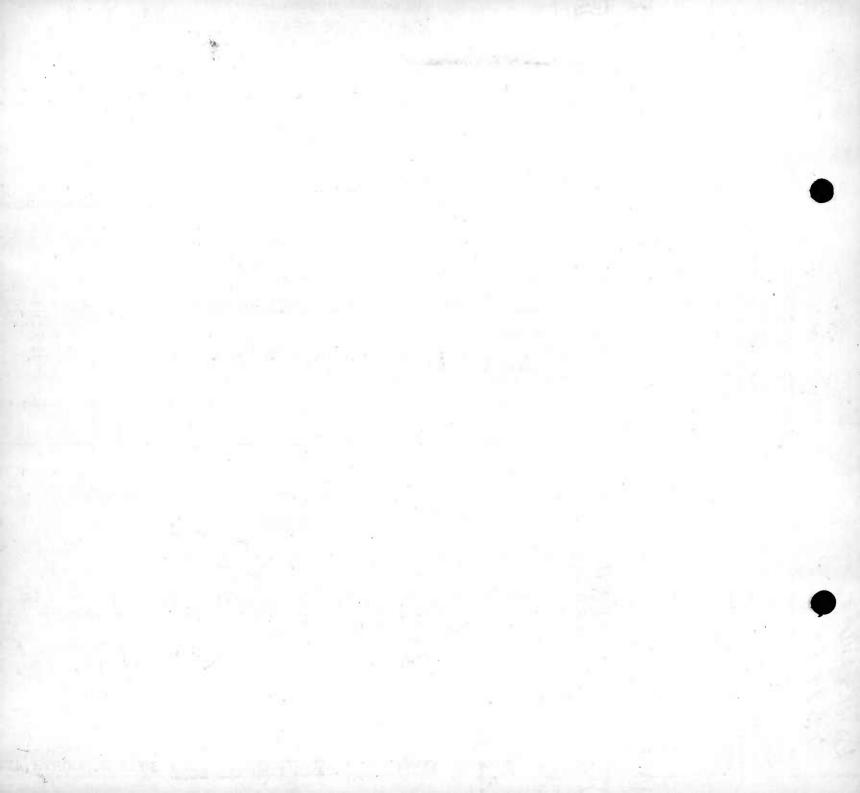


VS 150-REV. 1/1/68

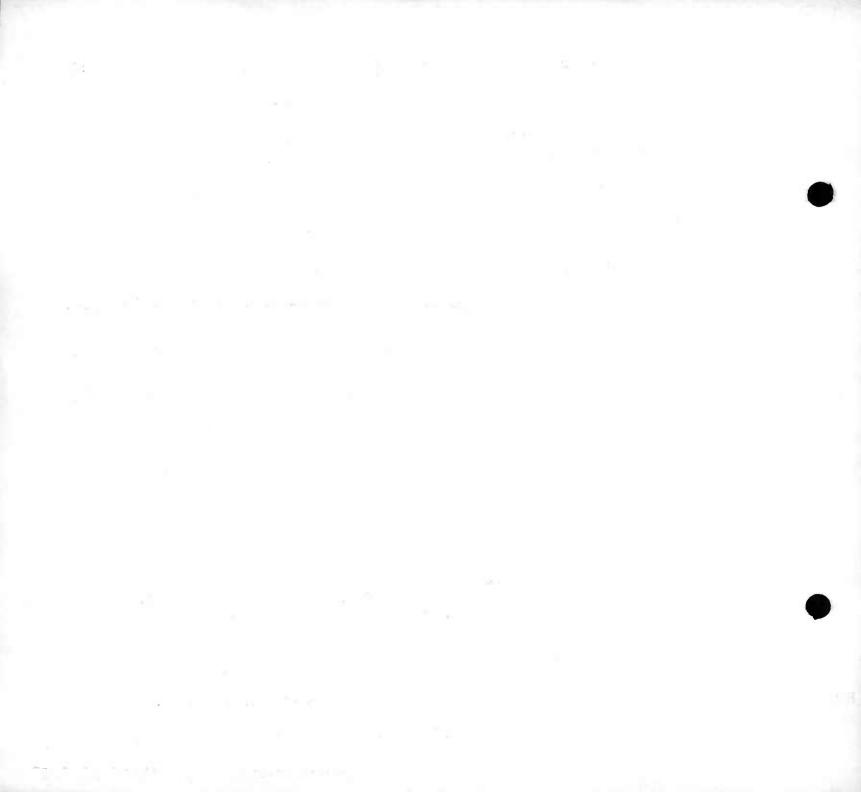
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I.	S 3 2 2 BALTIMORE CITY HEALTH DEPARTMENT	
	71 1779 MEDICAL EXAMINER'S CERTIFICATE OF	DEATH 7/1 1970
L	BIRTH NC.	REG. NO.
ľ	1. NAME OF DECEASED 2. DATE Known	Month Doy Yeor Hour
ľ	(lype or Print) IOCEDU CTOVEC ID	
1	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE	Month Day Year Hour
ľ	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) PRONOUNCED DEAD	February 19,1971 9:00 P.
ľ		deceased lived. If institution: residence before admission)
۱	4 JUNION MEMORIAL HOSPITAL A. STATE Maryland	B. COUNTY
4	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN	D. INSIDE CITY LIMITS?
ı	Male Negro WIDOWED DIVORCED Baltimore	YES NO
9	9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER	YES NO L
ī	12-26-1959 lost birthdoy) 11 Months Doys Hours Min. 522 Richwood Av	venue
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	
Г	WHAT COUNTRY?	
Į.	Maryland USA Joseph M. S	tokes Sr.
ď	14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAM	NE .
ŀ	student School Rosie Mae R	obinson
1	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (Il yes, give war ar doles al service) 18. INFORMANT SECURITY NO.	ADDRESS
1		Stokes Sr. 522 Richwood
-	19. CAUSE OF DEATH	APPROXIMATE INTERVAL
L	Multiple Traumatic Trium	PI AS
L	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
ı	(A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart failure, esthemia, etc. it means the disease,	
ı	Injury or complication which caused death.)	
ı	ANTECEDENT CAUCE	
ı	DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR AS A CONSEQUENCE OF:	
ı	RISE TO THE ABOVE CAUSE (A) STATING THE	
Ŀ	UNDERLYING CONDITION LAST. (c)	
ì	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED	
k	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
ŀ	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
1		yes
1	22A. EXTERNAL CAUSE WAS UNDERLYING CONTRIB. 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (in home, form, fociory, street, office bidg., etc.) INJURY OCCUR? 4.	f in Baltimare City, give exact location)
ľ	UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. home, form, foctory, street, office bldg., etc.) INJURY OCCUR? 4 Street intersection	500 Block of Old York Road
ľ	2 220. TIME (Month) (Day) (Year) (Hour) 22F.INJURY OCCURRED 22F. HOW DID INI	on with Richwood Avenue 27/
L	OF INJURY	
Г	23. AT WORK AT WORK AT WORK AT WORK	struck auto
	I certify that I held on Inquiry I Inspection Autopsy I and that on the	Is basis, death in my opinion
		Indetermined monner
	ACTUAL CHIEF MEDICAL EX	DATE SIGNED
	SIGNATURE ASSISTANT MEDICAL EX	
L	EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EX	(AMINER 2/20/71
	REMOVAL (Specity)	OCATION (City, tawn, ar caunly) (State)
L	Burial 2-23-1971 Mt. Auburn Cemetery B	altimore Maryland
2	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTO	
1	FEB 22 1971 Padent E. Janber M. NUTTER FUNE	
LV	VS 151-REV. 1/1/68	RAL HOME 3035 W. NORTH A
	IN A FOR SERVICE STATE OF THE SERVICE STATE	

0	1	71 1780 BAL	TIMORE CITY HEALTH DEPARTMENT	74 4 4 4 9 0
13	6,20	CF.	RTIFICATE OF DEATH	reg. No. 71 1780
	and ased the Such	BIRTH NO. 1, NAME OF DECEASED		HOUR OF DEATH
	of death of death Deceased e on the	(Type or Print) Lillian L. Brooks		
	F 0 0 4	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	AD 4. USUAL RESIDENCE (Where d	eceased lived. If institution: residence before admission
		The state of the s	A. STATE B. COUNTY	BALTIMORE CITY //
	hos ise (5) and de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV HOSPITAL OR ADDRESS OR LOCATION)	E STREET MARYLAND	1000
	caus caus use; (INSTITUTION	C. CITY OR TOWN BALT I MORE	D. INSIDE CITY LIMITS?
		33THE JOHNS HOPKIS HOSPITAL		YES NO .
	ed in uting ed cau r attr prior le.	THE COMMO NOTHING THE		T COURT
	ar ar	5. SEX 6. RACE 7. MARDIED NEVER		
		MARKIED INEVER	MARKIED	AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	occur ontrik ermin regut eased is ma	1	VORCED 2-27-91	79
	in rece	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (Stote or foreign	country) 12. CITIZEN OF WHAT COUNTRY?
	or nde de de	cook	Maryland	USA
	de de Si	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	if death rect or c (4) Undet was in the decisposition	JOHN SEAY	SOPHIE GOT	NS
Ž	dir dir di (on	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service) 5ECUR	L 17. INFORMANT	ADDRESS
Z V F G C G M	ssistan the d kind deat deat nce o		ITY NO.	Box 91 Gilford Rd.
- 6	the the de de fina			Moore Jessip Maryland
	o de de de de de de de de de de de de de		SE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	his so, of a sen cen cen cen cen cen cen cen cen cen c	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MMEDIATE CAUSE (ACCINOMA OFS	An 14
=	Als Per de or h atte	(This does not mean the made of dying, e.g.,	MMEDIATE CAUSE (ACC) NOTA OF	TOPINCH INPROXITE.
			THE TO, OR AS A CONSEQUENCE OF:	
901	ner. actu pro ular mba	injury or complication which caused death.)		
	train the season of the season	ANTECEDENT CAUSES (B)_		
	XXX A	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS A CONSEQUENCE OF:	
2010	(3)	UNDERLYING CONDITION last. (C)		
	dical dical rrns; sicia was main	11		
5	medic edica burns bysici n was	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL O DISEASE OR CONDITION GIVEN IN PART 1 (A).		
	ief med dy bu e phy ician he rer			
AGRICA	Trie de li	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED CA ST	ERATION 20A. AUTOPSY? (You ar Na) 2	OB. IF YES, WERE FINDINGS CONSIDERED N CERTIFYING CAUSES OF DEATH?
	ch th th rest	ENTRY 19 10 CA ST	OPTRUM. IV	
ū	tal by e; (2) here No ph	II . OR CONTRIBUTING CAUSE OF home, form, los	INJURY (e.g., in ar obout 21 C. WHERE DID ctory, street, office bldg., INJURY OCCUR?	(If in Baltimare City, give exoct location)
	by the pital by re; (2) where No pl	DEATH (notify medical examiner)		
		Q 21D. TIME (Month) (Doy) (Year) (Haur) 21E, INJURY O	CCURRED 21F. HOW DID INJURY	OCCUR?
	by hosp natu cept nd (6)	OF INJURY (APPROX.) While At Work	At Wark	
	he he xcc	22. I certify that W (this haspital) attended the deceas		71 to Feb 17 1971.
4	T + - 0 - 0	that (1) (46) last saw the deceased alive an		in (my) (aur) apinian death accurred an the date
4 -	of a of a of a of a of a of a of a of a			in (my) towy apinian death accurred an the date
1 V	sed to sed to seed to	and haur and fram the causes stated abaye. (1) (We) (die	1) (did not) view the bady after death.	
3 V	st be ased dent ospir dear	23A. SIGNATIONE	D Amedian S Med S St	23B. DATE SIGNED
1	in the second	William (of a Now. M.VC	Attending Med. Sta Phys.	2/11/11.
219	1 d d d d d d d d d d d d d d d d d d d	23C. PHYSICIAN'S NAME (Type)	23 D. ADDRESS	
50	icate was r An a L at prior	WILLIAM E. WALKE	THE JOHNS	HOPKINS HOSPITAL
250	4 0 4 - 4		DEGREE 24D. LOC	ATION (City, tawn, or county) (State)
1.1	Series (REMOVAL (Specify)		
OA	S C S	Buria] 2-22-197] FIRST Ba	aptist Church Com Je	SSip ADDRESS.
~	This certifue body shows: (I) was D.O. deceased written a	FEB 22 1971 Robert E. Jaken	DUTTER FUNER	AT HOME 3035 W. NORTH AV
		VS 150-REV. 1/1/68	INOTALK FUNER	AL HOME
		10 100 1011 1/ 1/ 0/		



D	547		1-11	4 4 100 5		BALTIMORE CITY	HEALTH DEPAI	RTMENT	1-9	1 1	0.4
\sim	- Fed 54	Bu	71 RTH NO.	1 1781		CERTIFICA	TE OF DI	EATH RE	EG. NO	1 17	81
0	and eath ased the Such	1 1.1	NAME OF DECE	ASED				2, DATE AND HOUR	OF DEATH		
N	-700 -	(Ту	pe at Print)	James Arthu	r Danie	els (SANKEY)	Feb. 19,		1 13	:45 A M
- 5	of of th.	3.	PLACE IN BALTI	MORE, MARYLAND, W			4. USUAL RESID	DENCE (Where deceose	d lived. Il instit		
1	hospi ise of (5) Do ance deat						A. STATE	R COUNTY Pa.		1/	21-
5		H	ILL NAME OF OSPITAL OR STITUTION	ADDRESS OR LOCA	AL OR INSTIT	TUTION, GIVE STREET	C. CITY OR TOW			/ -	25
	cous use; (cous tenda			2111-12- C			Ambrid			CITY LIMITS?	[]
	l in a ng cou cause; attend ior to			Health Serv	rice Ho	spital	E. STREET AND	9	1	res 🗌	NO _
	T.= L.		3100 MA	man Parkway			144 Me	rchant Stree	et		
	occurred ontributi ermined regular eased pr	5.	SEX 6	6. RACE	7. MARRIED	NEVER MARRIED X	8. DATE OF BIRT			If Under 1 Ye.	If Under 24 Hrs.
	occur ontrik ermin regul sased is mo		M	Colored	WIDOWED	= -	3/2/5	H 9. AGE IIn	20 M	If Under 1 Ya. Months Doys	Hours Min.
		10/	USUAL OCCUP	ATION (Give kind of work		F BUSINESS OR INDUSTRY		(State or foreign country)		12. CITIZEN OF	WHAT COUNTRY?
	or condet	dor	· Unempiley	orking lile, even if relired)			Ala.			USA	
	direct or ; (4) Unc th was on the d	13.	FATHER'S NAMI	F						UDA	
	if ect w w th though						14. MOTHER'S A				
누	dir dir d; (d			nes Sankey				Daniel			
A	istant he di kind; death ce on nal di	(Ye	s, no ar unknawn)	iver in U. S. Armed Fara Ilf yes, give war ar dates	es? of Service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRE	SS
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		SAT	DISEASE OR COL	NDITION GIVEN IN PART	1 (A).	***************************************		- comme	1		
FUNER	chief a n Body the r ysicie	E	DATE OF O	PERATION 198 CONE	NTION FOR VORMED	WHICH OPERATION	20A. AUTOPSY	(Yes or No) 208, IF)	YES, WERE FINI	DINGS CONSIL	DERED
5	S + A s o s o s o s o s	E S	21A. ACCIDENT	WAS UNDERLYING	218	PLACE OF INITIATION IN	ye ye	S	yes		
ш.	+	_	OR CONTRIBUTE	WAS UNDERLYING ING CAUSE OF	hom	PLACE OF INJURY (e.g., in e., farm, foctory, street, off	ice bldg., INJURY	OCCUR?	f In Balilmore C	ity, give exact to	scotion)
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	- 4 3 3 A	MEC	OF INJURY	Month) (Day) (Yeoil		INJURY OCCURRED		W DID INJURY OCCU	J R?		
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	to to all (A);		that (I) (we) la	est saw the deceased	alive an_	Feb. 19	19 8.			n death occu	rred an the dote
	t be a sed to ant of spital eath)		and haur and f	from the causes state	ed abave. ((We) (did) (d)(/n6)/ vi	ew the bady af				
			23A. SIGNATURE		00	8			23	B. DATE SIGNE	D/
	mus elea ccide hos to d		love	in / V .	free		ding Me	d. Staff Phys.		2/22	171
	a da		23C. PHYSICIAN	S		DEGREE	3D. ADDRESS	111/31		-//	
RGB	y was rel 1) An acc 1, A. at a l d prior to		Will	iam Greene,	Surgeon	n (R)	US PHS He	ospital, Bal	th, Md.	1	
	S & B	24A		ATION, 24B, DATE		AME OF CEMETERY OF CRE		24D. LOCATION		igwn, or cauniy)	(Slole)
	ody s: (D.O ase		REMOVAL (Spe	acity)	, 101	LH / +		mt	/	10	
	itte	25A	. DATE REC'D BY	Y HEALTH DEPT.	258. NAME C	OF REGISTRAR	25C. FUNERAL	DIRECTOR	mercy o	UCU AND	DESC
	This certif the body shows: (1) was D.O.A deceased written ap		FFR 9			Bed Ma 10	Wa?	(2/10/0-	B. 1	735 ADD	1 111
		VS	150-REV. 1/1/68		7, 10		Maria	ine no. your	z. j.	tar Force	S HUC.

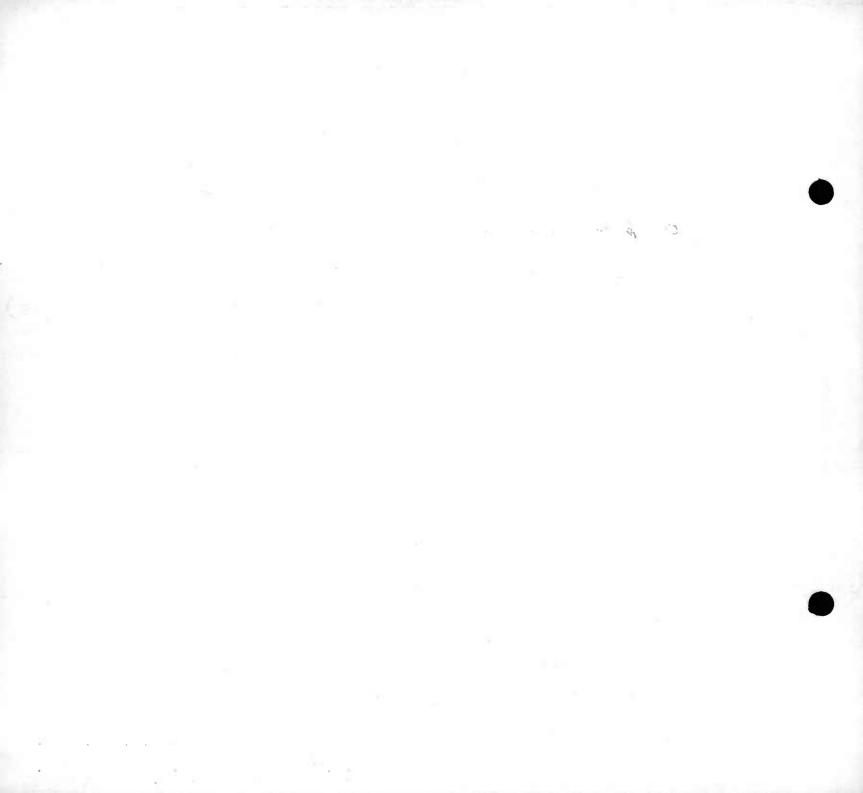


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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	1714	4 w 0 0		BALTIMORE CITY	HEALTH	DEPARTMENT		1-9 a B	
		1782		CERTIFICA	TE C	F DEATH	REG. NO.	71	1782 -
	TH NO.	EASED					D HOUR OF DEA	ru -	,
	pe or Print)	MILDR	ED 3	T. Murph	4	Fet	POUATY	19,18	71 305 PM.
3.	PLACE IN BAL	TIMORE MARYLAN	ID, WHERE PRO	NOUNCED DEAD	A. STAT	AL RESIDENCE (When	e deceased lifed. I	f institution: re	sidence befare admission)
FU HC	LL NAME OF SPITAL OR STITUTION			STITUTION, GIVE STREET	mi	ortown	BAlti	more NSIDE CITY LI	27/2 MITS?
IZ.	/, .	- 2 M	Mara en	in Il.	10	Altimo	re	YES 💾	NO 🗌
	un	ion M	1 EVVI V	ral Hosp	E. STRE	ET AND NUMBER	sale.	Ro	
5.	SEX	6. RACE	7- MARRI	ED NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In years	If Under	Days Hours Min.
	Fe.	Can	WIDOW	ED DIVORCED	11	-4-94 ·	last birthdays	'	
		PATION (Give kind of working life, even if re		OF BUSINESS OR INDUSTRY	II. BIRT	HPLACE (State of forei	ign countryl	12, CIII	ZEN OF WHAT COUNTRY?
	X/50	euxo.	Ow	n Home	1 ,	MARY/	and	6	1517 -
13.	FATHER'S NA	ME			14. MO	HER'S MAIDEN NA	ME		
	TP J J	O T	_		Т.		Dalata		
15.	Mas Deceased	O. Jone:	S ed Forces?	II & SOCIAL	17. INFO	SSIE	Robins	son	ADDRESS
(Ye	s, no or unknown	lif yes, give war o	or dotes of service	SECURITY NO.					
_	no			21 6-09-5874	B-	Mr. Davi	d A. Mur	phy	Same
	18.	6.71		CAUSE OF DEAT	H				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-	DISEAS	E OR CONDITIO			/	1	1 5	1.14	
1	CTU:	LEADING TO DE		(A) IMMEDIATE CAL	JSE (EREDROV	ITSCULAR V	teciden	
1	heart failure.	of mean the mod asthenia, etc., it n	neans the disea		A CONSE	QUENCE OF:			
	injury or com	plication which co	cused death.)						
	4	ANTECEDENT CA	USES	(R)					
	DISEASES C	R CONDITIONS,	if any, giv	ing DUE TO, OR AS	A CONS	EQUENCE OF:			
1	rise to the	above cause	(A) stating						
1	ONDERLINA	CONDITION (a)	3 10	(c)					
No S	OTHER SIGNIF	II ICANT CONDITION H BUT NOT RELATED	S CONTRIBUTION	NG.					
₹	DISEASE OR C	ONDITION GIVEN I	N PART 1 (A).		100.4	A VICTOR OF THE STATE OF THE ST	V 000 10 Mag 14/0		CONTRACTO
CERTIFICATION	PA-DATE OF	OPERATION 198	S PERFORMED	OR WHICH OPERATION	204.	NO NO	IN CERTIFYING	CAUSES OF	CONSIDERED DEATH?
∥₹	21A. A CCIDEL OR CONTRIBL DEATH (notify	TING CAUSE O	INO [218 PLACE OF INJURY (e.g., home, form, factory, street, o etc.)	n or abou flice bldg.	21C, WHERE DID INJURY OCCUR?	(II in Bolti	more City, giv	e exect location)
MEDIC	21D.TIME	(Month) (Doy)	(Yeat) (Hous	21E INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?		
2	(APPROX)			While At Not While Work At Work	° 🔲				
	22 1	Abox (I) false bar	nation() estand	ed the deceased from	401	16	19 7/ to	211	19 19 7/
				on Feb 19	19			opinian dea	
	and hour an	from the couse	s stated above	e. (1) (15) (did) (did:not)	rlew the	bady after death.			
	23A. SIGNAT	IRE .		,				238, DA1	E SIGNED
1	Ma	urll V	22/20	orces MD Atto	ending [Med.	Staff Phys.	21	119/7/
	23C. PHYSICIA NAME (1	N'S ypel	· Jugo		23D. AD				
	Dr.	David J.	Powner	, M. D. DEGREE	Uni	on Memori	al Hospi	tal	Staff
24		MATION, 248 DA		C. NAME of CEMETERT of CR			OCATION	(City, town, c	
	ntombme	ent 2-2	2-71 L	orraine Mauso	leun	-Crypt Ba	altimore	Co.	Md.
25		BY HEALTH DEPT			25C,	West enking	Sons Co	1,90	ADDRESS 5 York Rd.
	150-REV. 1/1/	B 22 197	1 52.8	El Jaber M. B.		C RAI	timore,	Md 470.	21212



5552	BALTIMOR	E CITY HEALTH DEPARTMENT
and ath		ICATE OF DEATH REG. NO. 71 1783
O D W	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
fal f di	3 PLACE IN RATIADOR ALONG	w/li 5eb 21 1971 2,45 ON
Spite of Geographic	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE B. COUNTY
a hospita cause of se; (5) Dec ndance o	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION)	c. CITY OR TOWN D. INSIDE CITY LIMITS?
_ = = = /		Bellin 50
ting d cat	UNION HEMORIAL HOSPITAL	E STREET AND NUMBER
6 2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		2859 Freenmount Avenue
trib min sed	6. RACE 7. MARPIED 7 NEVED MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye., If Under 24 His. Months; Doys; Hours; Min.
occur ontrib ermin regula	WIDOWED DIVORCE	Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work) OR KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
r Paris	BARREN PRODUCTOR	Haryland U.S.A.
d C C	BARBER - PROPRIETOR	14. MOTHER'S MAIDEN NAME
NT Int if death direct or of (4) Undet (5) Was in much was in much spesition		ROSE KARMIERCHAK
stant stant ind; ind; eath eath	(Yes, no or unknown) (If yes, give was or doles of social)	ADDRESS
RTAI ssista the the kind deat	3/6-07-19	153 MRS. ROSE A SZY MANSKI (SAME
A # ~ TO O .		DEATH APPROXIMATE INTERVAL
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Als Als moun	I FADING TO DEATH	TE CAUSE Car ii nome Toris months
		TE CAUSE Our ci noma / ouis months DR AS A CONSEQUENCE OF:
OR iner	injury or camplication which caused death.)	
CTC Cam amin a A friday	ANTECEDENT CAUSES	
xam xam y A fr	DISEASES OR CONDITIONS, if any, giving	OR AS A CONSEQUENCE OF:
S T O C E E A	rise to the abave cause (A) stating the UNDERLYING CONDITION last. (C)	
Callica Callication as	11	
RAL Dedicame	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	
ERAL DI ief medica I medical dy burns; b physicia cian was		uiorcle whice cardioverular digens years
- 10 g g a o o c	19A DATE OF OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
FUN by ch by co 2) Bo re th physicient		NO CERTIFIEND CAUSES OF DEATH?
FUI by tal by spr. (2) B here there	home, form, foctory, stre	e.g., In or obout 21C. WHERE DID (If In Boltimore City, give exect location)
very very de by very d	G State of Excellent	**************************************
40 5 4 50 0	21D. TIME (Month! (Doy! (Year! (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
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62 E 6 6 C	22. I certify that (1) (this hospital) attended the deceased fram.	2 - 2 1971 to 2 - 21 1071
700000	that (1) (we) last saw the deceased alive on 2-2(
005	and haur and from the causes stated above. (1) (We) (did) (did n	
ust be based ident nospir deat must	23A- SIGNATURE	238, DATE SIGNED
	Butte Son	Attending Med. Stoff 79
0 5 5 5	23C. PHYSICIAN'S NAME (Type)	Phys. Director Phys. Let 23D. ADDRESS
was r An a L at prior	Talio BERTORINI MD	
2 0 7 7 7	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	GREEN UNION MOHORIAL BOSPITAL
L-TI - U 0		talone.
	Burial 2-24-71 Glen Haven (
This cert the body shows: (1 was D.O deceased		25G FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
	VS 150-REV. 1/1/68	25C. FUNERAL DIRECTOR Sons Co. 4905 York Rd. Bactimore, Md. 21212



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	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	1 1/09
(T	NAME OF DECEASED THOMPSON	HEART LA	2/1	D HOUR OF DEATH	18 P.
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	A. STATE & B. COUN	e deceased lived. If instituti	on: residence before admission)
FI	ULL NAME OF IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Mcl.		701
II.	MILLION 1100 WINTE	ial Hos	C. CITY OR TOWN	D. INSIDE C	• /
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	WIDO		4-23-8.	66	Juder 1 Vr. If Under 24 Hrs. 11hs: Doys Hours Min.
do:	A, USUAL OCCUPATION (Give kind of work 10B, KIN ne during most of working life, even if refired,	"UNIV. OF.	11. BIRTHPLACE State or fore	gn country) 12.	CITIZEN OF WHAT COUNTRY
	RET. PURCHASINGAGEN	T Mel.	Ma		U.SA.
13,	FATHER'S NAME	140 /	14. MOTHER'S MAIDEN NAM		
_	(4)	HOMPSON	MARY	BURKE	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? 15, na arunknown) lif yes, give war or dotes of sen	1 6. SOCIAL SECURITY NO.	17. INFORMANT P	1	ADDRESS
L	100	213-05-7205A	wife: beat	rce L. (S.	above)
	18. 43 3 1	CAUSE OF DEATH	:7		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		- Ironal .	7 22 4 2 0	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:	nuemonia	
	injury ar camplication which caused death.)	ed 24.	V		
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	11: 11:00	****
	DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION last.	Ving DUE TO, OR AS The (C)	A CONSEQUENCE OF:	flut/ys.	******************************
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FICATION	ise to the above cause (A) stating UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	(C)		fuffys	GGS-CONSIDERED
ERTIFICATION	of the above cause (A) slafing UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF OPERATION 1994. CONDITION I WAS PERFORMED.	(C)		20B IF YES, WERE FINDING IN CERTIFYING CAUSES	IGS CONSIDERED OF DEATH?
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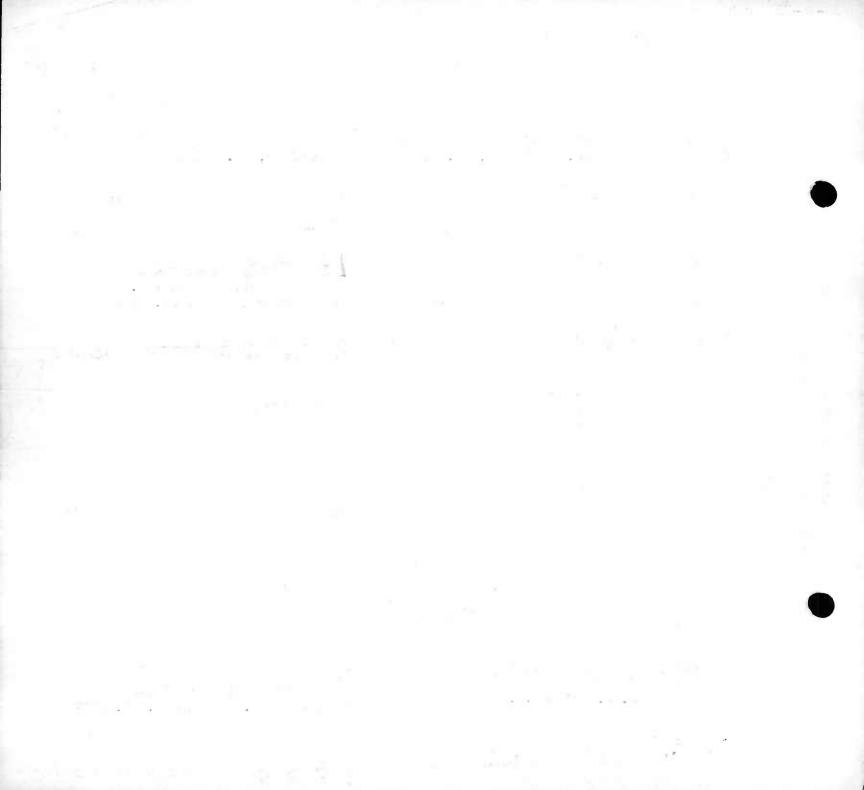
IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68





24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, tawn, ar caunty)

ADDRESS 814 W.36st. Balto.

Baltimore

0

(Hampdon)

(State)

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

VS 151-REV. 3/1/68

25A. DATE REC'D BY MEANH DEPT.

248. DATE

-1971 St.

258 NAME OF REGISTRAR

	M -n- 71 15	788	HEALTH DEPARTMENT	V	P(4 4.400
8	IRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	71 1788
	ype or Print) ANTHONY	ORAZZANO	2. DATE AN	ID HOUR OF DEATH $2//9/7$	1 250 M.
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (When		stitution: residence before admission)
- F	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		C. CITY OR TOWN		2/227 DE CITY LIMITS?
0	GOULD'S CONYALESAS	DINU, NC	DUNDALK E. STREET AND NUMBER	žo.	YES NO X
1			3483 DUNHA	TVEN Rd.	5 300
5,		HED NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	NALE CAUCHSIAN WIDOV		APR. 1, 1889	81	
	DA. USUAL OCCUPATION (Give kind of work 10 B. KINI one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA'CE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
1		EEL MFGR.	ITALY		U.S.A.
1;	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	JOHN MORA;	ZAND	ROSE	BERTE	
13	5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL	17. INFORMANT	SAME	ADDRESS
-	$n\rangle_{\mathcal{D}}$	232-09-5721	ANDREANA	MORAZZ	ANOT WIFE
	18.	CAUSE OF DEAT		/ - / - /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		11.1	800	SETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAL		Lobe Trenown	- Lday
11.	whis does not meon the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		0
M	injury or complication which caused death.)				
	ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:		
1	VIDISEASES OR CONDITIONS, if any, girise to the above cause (A) stating	· · · · · ·	A CONSEQUENCE OF:		
1	UNDERLYING CONDITION last.	(c)			
		2 1		3 2	
11.8	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN		Bunga Rephroselwaris	· Congest Har	Jailan
	▼ DISEASE OR CONDITION GIVEN IN PART 1 (A). ■ 19A-DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED
	19A-DATE OF OPERATION 19B. CONDITION F			IN CERTIFYING CAL	JSES OF DEATH?
	D 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)
	21D.TIME (Month) (Doyl (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	OF INJURY (APPROX.)	While At Not While Work At Work			/ /
	22 1 seedify that (1) (this hospital) attend		13/13/	19 7/ ta	2/19/ 1971
	22. 1 certify that (1) (this hespital) attend that (1) (we) last sow the deceased alive	2/	16/ 01		nian deoth occurred an the date
	and haur and fram the causes stated abov	e. (I) (We) (did) (did n ot) v	iew the body after deoth.		
	23A. SIGNATURE			s. "	238, DATE SIGNED
	Mons & Brasiling	DEGREE Phy	miding Med. Director	Staff Phys.	2/19/71
	23C. PHYSICIAN'S NAME (Typel	•	23D. ADDRESS		
		DEGREE			
2	4A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify!	C. NAME of CEMETERY OF CR	.)11		ty, town, or county) (Stote)
		DULANET VALIN	LEM. TK. BA	LTO, CO. 1	nd
2		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	18 Mone	Quelo (DORESY M. C.
91	FB 22 4071 Robert E. Jacker	7000	(a) prohis	proceey.	
V	S 150-REV. 1/1/88			-	

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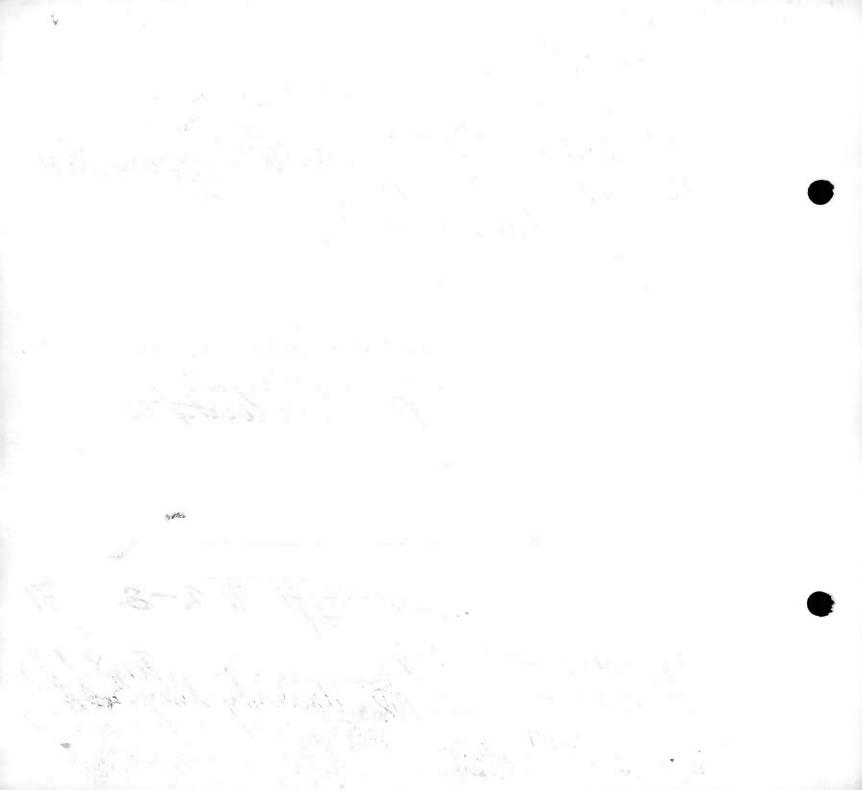
		TY HEALTH DEPARTMENT
	III NO.	ATE OF DEATH REG. NO. 71 1789
(Ту	NAME OF DECEASED Pe of Printly William Berheimer	2. DATE AND HOUR OF DEATH 2/15/71 10:30 PM.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE B. COUNTY
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	102)
in	STITUTION	C. CITY OR TOWN Balto. D. INSIDE CITY LIMITS?
1	Mercy Hospital	E. STREET AND NUMBER
		811 E. Balto. St.
5, 5	MAKKEDI INEVEK MAKKEDI	8. DATE OF BIRTH 9. AGE Un years II Under 1 Yr. , II Under 24 Hrs.
	M WIDOWED DIVORCED	4/9/13 lost birthdoy) 7 Months Doy's Hours Min.
don	USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTR e during most of working life, even If retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
	, no of unknown) [If yes, give wer of dates of service] SECURITY NO.	
-	18. < - O / CAUSE OF DEA	TH APPROXIMATE INTERVAL
1	DISEASE OR CONDITION DIRECTLY	Massin) APPROXIMATE INTERVAL Massin Between onset and death Lours Lours
	LEADING TO DEATH	Just Das tree Inters Herranhare hours.
	heart knivre, asthenia, etc. it means the disease.	S A CONSEQUENCE OF:
	injury or complication which caused death.) ANTECEDENT CAUSES	hageal Varices 2 ms
	DISEASES OR CONDITIONS, if any, giving Due 10, OR A	S A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) Len	nees Curhan J Lever Gears.
z	ll o	(1(2)(2)
OIL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Led (?) Pul Toberolous
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION	20A. AUTOPSYS (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
RATIF	WAS PERPORMED	NO . IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, elc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR? (If In Baltimore City, give exact location)
	21D-TIME (Month) (Day) (Yeat) (Hous) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
2	OF INJURY (APPROX.) While At Not Whi Work At Work	ile 🔲
	22. I certify that (I) (this hospital) attended the deceased fram	2-15 19 2/ to 2-1 (19 2/
	that (i) (we) last saw the deceased alive an	19_2/and that In(my) (aur) opinion death accurred on the date
	and hour and fram the causes stated above. (i) (We) (did) (did nat)	
	23A. SIGNATURE 2	23B, DATE SIGNED
	DEGREE Ph	lending Med. Staff ys. Director Phys. D 2-1/-7/
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	DEG	NATOMY ROARD OF MARYLAND
24A	REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY of CI	REMATORY 24D. LOCATION (City, town, of county) (Stote)
L	2-22-11	OHNS HOPKINS MEDICAL SCHOOL
25A	DATE REC'D BY HEALTH DEPT.	25C. FUNERAL DIRECTOR ADDRESS TO CHA
Ę	150-8FV, 1/1/68	MURIUANI SEKVICE - BURD
V5	1761eEF V. 1/1/65	

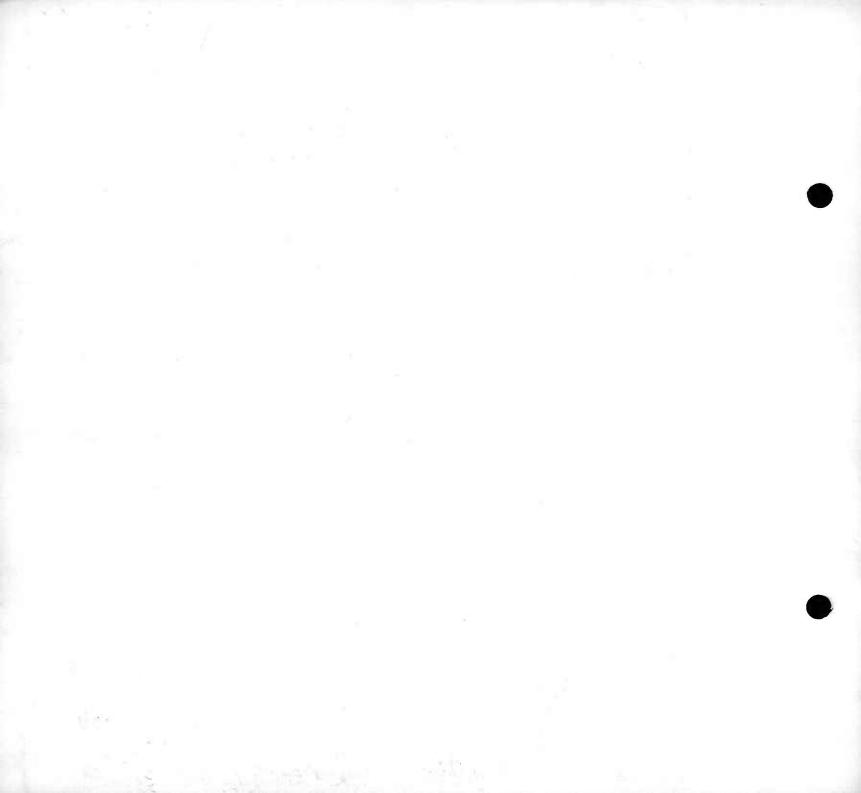


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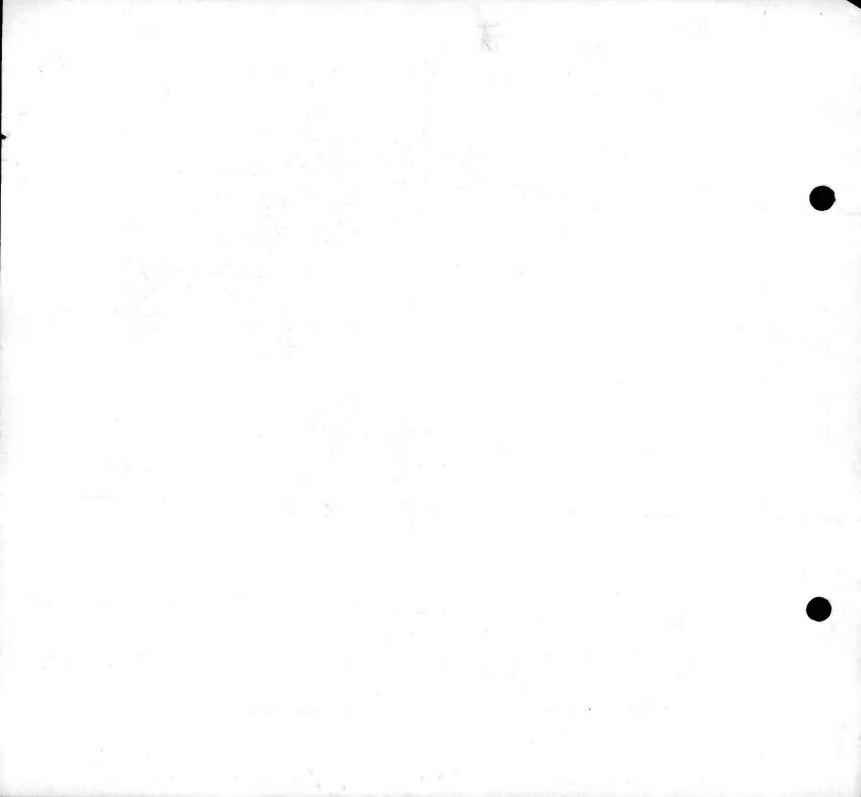
DIRECTOR:

FUNERAL

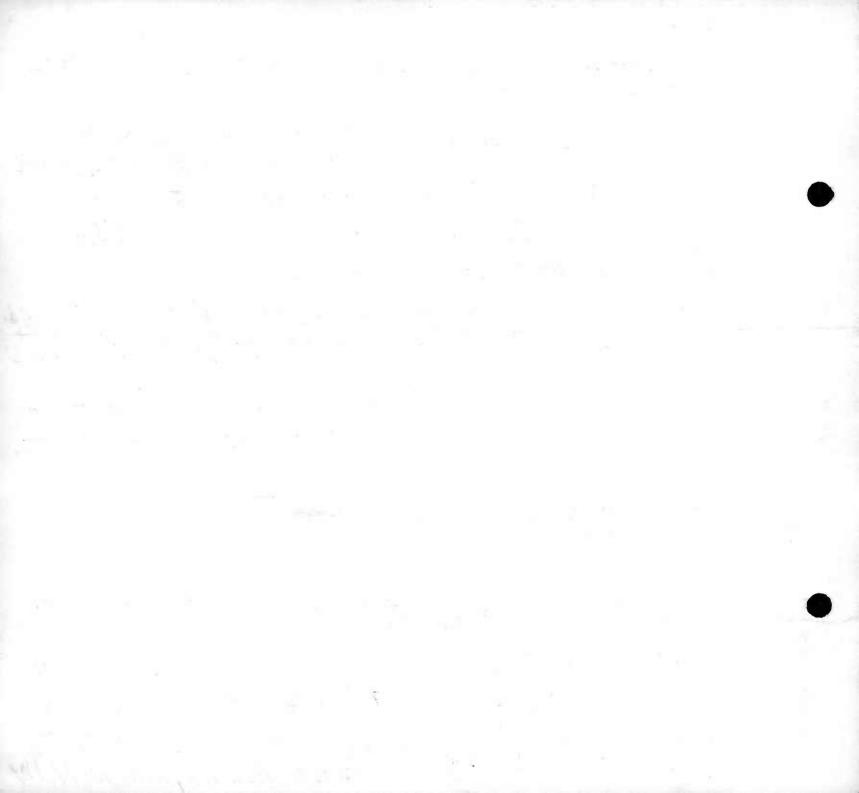




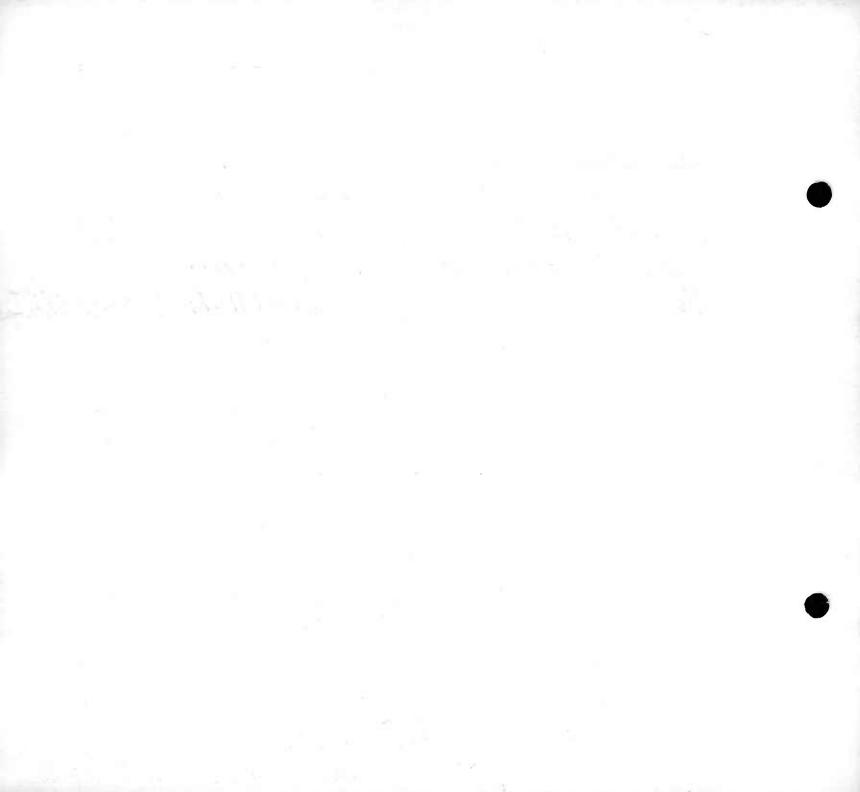
BALTIMORE CITY HEALTH DEPARTMENT
M-532 71 1792 CERTIFICATE OF DEATH REG. NO. 71 1792
1. NAME OF DECEASED AND MOST GAMEN CONTROL 12. DATE AND HOUR OF DEATH (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissible and the country by the country
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OF TOWN: ID. INSIDE CITY LIMITS?
Baltimae YES NO
George Wishington Nursing Home 5226 Demove Aver
Female 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years last biribday) Months: Doys Hours: Mi
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
Innestic Work Julyington Ty. USA, IS-PARTIES NAME / 114 MOTHER'S MAKEN NAME
S-PATHER'S NAME IMPERIAL DER 14 MOTHER'S MAJOEN NAME
5. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS Tes, no or unknown] Ulf yes, give wor or datos of service) SECURITY NO.
Chart Corpense
18. 1 CAUSE OF DEATH ARTERIO SELERO TEC BETWEEN ONSET AND D
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (A)IMMEDIATE CAUSE
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. it means the disease.
injury or camplication which coused death.) ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving OUE 10, OR AS A CONSEQUENCE OF:
inse to the obove cause (A) stating the UNDERLYING CONDITION tast. (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DIABETES MELLITUS
O IN THE DEATH BUT NOT RELATED TO THE TERMINAL STATE OF THE TERMIN
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 204 AUTOPSYTHE OF No. 100 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Baltimoro City, give exact location) OR CONTRIBUTING CAUSE OF Comm., foctory, street, office bldg., INJURY OCCUR?
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (1) Not While (1)
22. I certify that (i) (this hospital) attended the deceased from 970 1970 ta 970 1970
that (Me) last saw the deceased alive an 4 19 19 and that in (my) (aur) apinian death occurred an the
and hour and fram the causes stated above. (1)(We) (did) (did not) view the bady after death.
23A, SIGNATURE 23B, DATE SIGNED 23B, DATE SIGNED 23B, DATE SIGNED 27
230 PHYSICIAN'S NAME (Typel Phys. Director Phys. L 23D. ADDRESS
Richard F. Tyson PEGREE 936 West North Ave
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State
25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
VE 160 86V 10/49

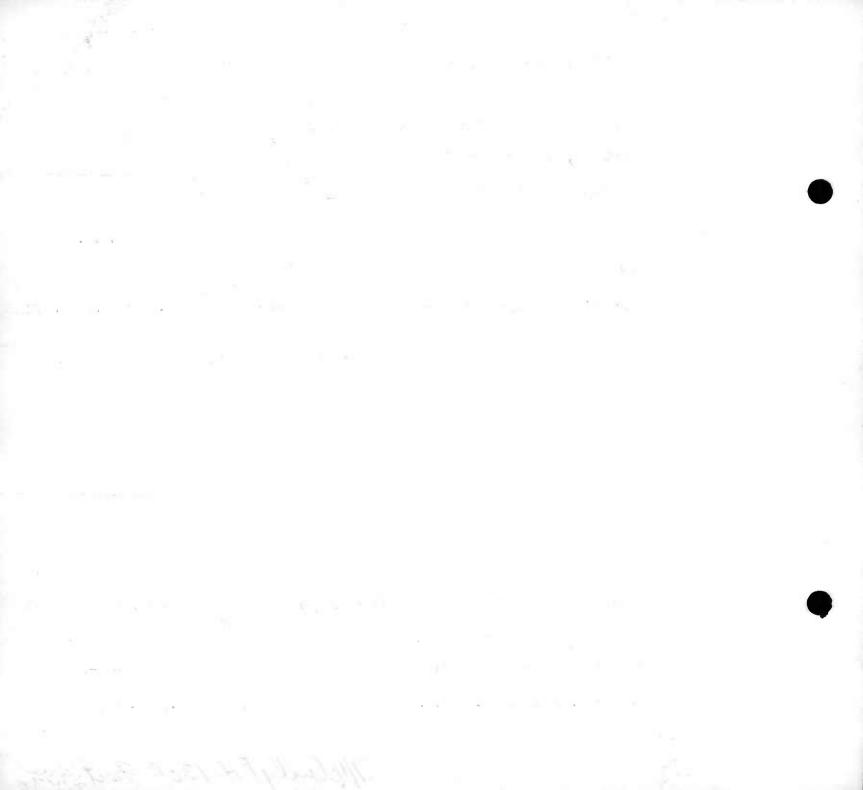


1	1) 110	71	1793	BALTIMORE CITY	HEALTH DEPARTMENT			
)-4/ IH NO.		1/00	CERTIFICA	TE OF DEATH	REG. NO	71 17	93
	e or Print)	IFU'IL	00 .00.	60	2. DATE AN	D HOUR OF DEATH	71.17	40_
3. P		MORE MARYLAND, V		CED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If inst	itulion: residence be	fore odmission)
FUL	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTIO	ON. GIVE STREET	A. STATE B. COUN	IT	121	16
INS	SPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D. INSID	E CHY LIMITS?	Marie Marie
14	25	was No	erkital	C	E. STREET AND NUMBER	ure .	YES NO	
			V		2200 Mary	Janel and	copf B1	2/2/8
5. SI	ex 6.	RACE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH CLICA 10, 1895	ost birthday)	If Under 1 Yr. If Months Doys Ho	Under 24 His.
IOA.	USUAL OCCUP	ATION (Give kind of wor rking life, eyen if retired)			11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WH	AT COUNTRY?
	1/2chin	1154	Found	Tres	DA		USA	7
13. É	ATHER'S NAME	1.1	11/1	///	14. MOTHER'S MAIDEN NAM	ΛE	7.0	
	20013K	nin We	IFKILI		C/213			
(Yes,	yas Decersed Ev	ver in U.S. Armed For I yes, give wor ar dote	ices?	SOCIAL SECURITY NO.	17. INFORMANT	101111	ADDRESS	1
11	18.	7 1	ol ol	79322523 CAUSE OF DEAT	Marlestu	Just Killy	2 17345/	revocad A
	7/	OR CONDITION DI	RECTLY	P. C. C.	San Elem	a; Inyacai	BETWEEN ON	ATE INTERVAL
	LE	ADING TO DEATH	/	(A) IMMEDIATE CAL		utions.	del Su	deen
11 1	heart failure, as	thenia, etc. If means	the disease,	DUETO, OR AS	A CONSEQUENCE OF:	Die de		
	*	TECEDENT CAUSES		arta	00: 4	ace ace to	110-	- / - /
	DISEASES OR	CONDITIONS, ii	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		700	
	UNDERLYING	abave cause (A) CONDITION last.	slaling the	(c) mal	metation	. azotemi	ia fea	us_
z	07:150 0:00:00	11						
	TO THE DEATH I	ANT CONDITIONS CO BUT NOT RELATED TO T IDITION GIVEN IN PAR	HE TERMINAL	******************	P\$	*************************		*****
II 유	PA-DATE OF O	PERATION 198 CON WAS PER	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes	208, IF YES, WERE FIN	NDINGS CONSIDER	RED
U 12	TELL 19	WAS UNDERLYING	in Rieston		or about 21 C. WHERE DID			N-al
واحالا	OR CONTRIBUTION	NG CAUSE OF		orm, lactory, street, a	fice bidg. INJURY OCCUR?	lit in Sammore (City, give exact locat	non;
	21D. TIME (A	Manth) (Doy) (Yearl	(Haur) 21 E INJ	URY OCCURRED	21F. HOW DID INJU	IRY OCCUR?		
11 S 13	(APPROX.)		While A	Not While At Work				
		at 🌇 (this hospital			302/1,197/1	9 to Felen	16	19.7/
	that (1) (we) la	st saw the decease	d alive an T-	6-16,197		t in (my) (aff) opinio	an death accurre	d an the date
	and hour and fi		ed abave. (I) (W	e) (did) (did nat) v	lew the bady after death.			
	(15)	MI	to m	Atte	nding Med.	Staff 2	3B, DATE SIGNED	1971
2	23C. PHYSICIAN'S	Norce	3111	DEGREE PHY	Director F	'hys. 🗀 📆	fice 14,	1771
	BE	. (/)	Z W.	DEGREE	817 St. Paul.	St. Bali	to mil .	2/202
24A.	BURIAL CREMA	TION DATE	124C.NAME	of CEMETERY of CRE	MATORY 24D. LO	CATION (City,	town, or county)	(Stotel
25.1	24/12/	12-19-	11 2011	11111 Pzxk	Cem Wo	00/12wn/1	Bo Holo	MI
25A.	DATE REC'D BY	HEALTH DEPT.	25B. NAME OF R	EGISTEAR	25G FUNERAL DIRECTOR	- / //	ADDRES	55////
VS 1:	50-REV. 1/1/6B	Hekes E	Nashey R	05.1	Silvery 14	uneiz / th	me B	1 to 11/1



	7	461	71	1795		TE OF DEATH	REG. NO	71	1795		
		NAME OF DECE	ASED g				D HOUR OF DEATH				
		pe or Print)		Ellerbro		2-	18-71	1	12:00	P M.	
	3.	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If in	stilution: re	sidence before oc	dmission)	
	i HC	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU (TION)	TION, GIVE STREET	Maryland C.CITY OR TOWN D. INSIDE CITY LIMITS?					
	9	10				Baltimore	D. 11431	YES X	NO 🗆		
	/	U				E. STREET AND NUMBER					
9				Convale	scent Center		Ave.				
DE S		Male	White	* MARRIED WIDOWED	DIVORCED	1-26-1891	9. AGE (In years last birthday)	If Under Months	1 Ys. If Under Doys Hours	24 Hrs. Min.	
100	don	o during most of w	PATION (Give kind of work orking life, even if retired)	BYO	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country!	12. CITIZ	OF WHAT C	OUNTRY?	
posit	13.	FATHER'S NAM		1-1	1.	14. MOTHER'S MAIDEN NAM	AE / /		0/1		
	15. Yes	Wos Deceosed I	Ever in U. S. Armed For- Of yes, give war or dote	ellhy es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANY	nclel		ADDRESS	0/-	
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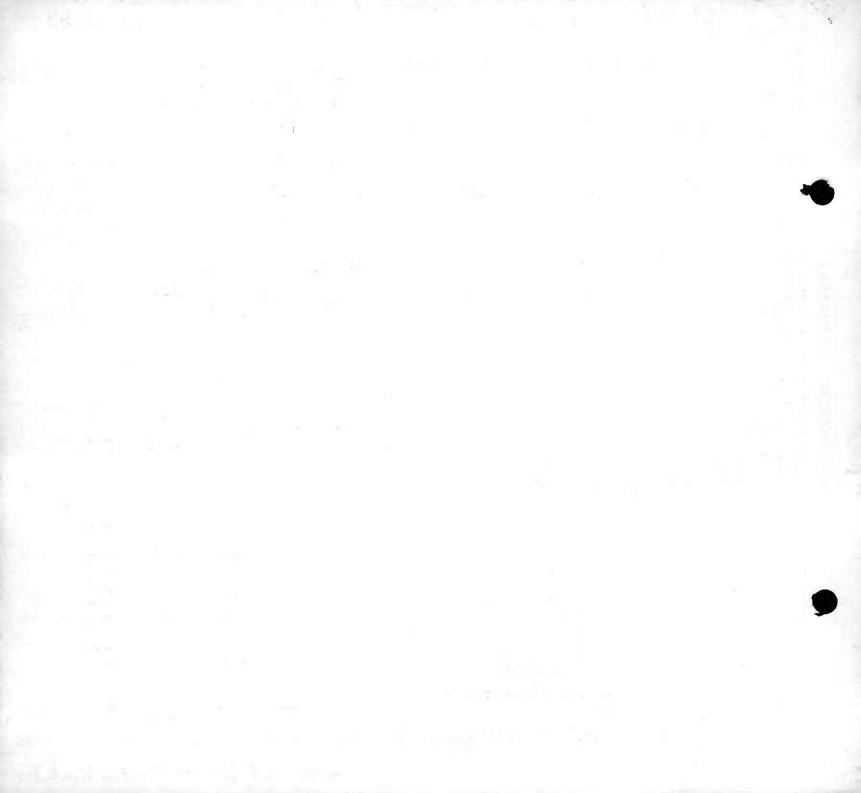
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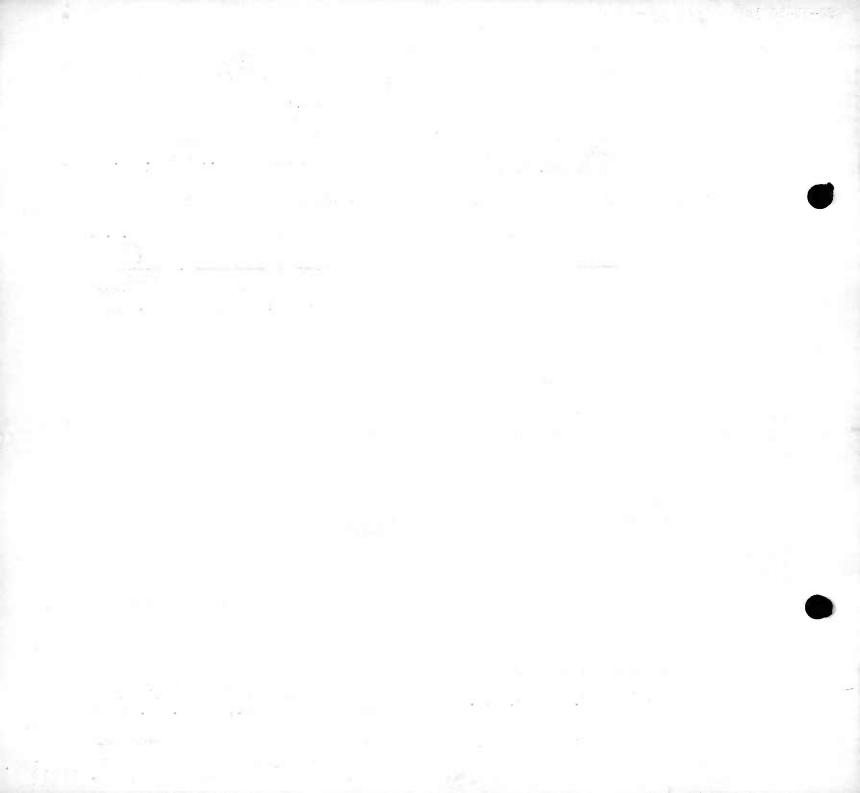
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HOSPITAL OR	ADDRESS OR LOC	ATION	OIL, GIVE STREET	C. CITY OR TOWN	ID. IN	SIDE CITY LIMITS?	10
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House of	working life, even if retired)			Md		US	
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Henry	y Dran	1		Matthew	White	nator	
Was Deceased	Ever in U. S. Armed For	des? 1 6	SECURITY NO.	17. INFORMANT	F	ADDRESS.	-
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heart failure,	asthenia, etc. It means	the disease.	DUE TO, OR AS	CONSEQUENCE OF:	in Enlower	hendes	
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	Dela	eled.	DEGREE Phys	Med. Director	Staff Phys.	2/17/71	
23C. PHYSICIAL	JAMES	SACKSTE		3D. ADDRESS	1		
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5A, DATE REC'D	TO HEALTH DEPT.	25B. NAME OF R	opers Um	25C. FUNERAL DIRECTO	unkirke.	Carren	mal
FFR 99 4	ME QUAD	290.72	1 10 0	25C. FUNERAL DIRECTO	& C	ADDRESS	P -
\$ 150-REV. 1/1/2	WILL HONGE C	MARIORIE OF		LAMBONSON	6. DEWELL	1 N. KREDEN	CIR MIC



58-37-50	js	BALTIMORE CITY HEALTH DEPARTMENT 71 180:	L
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S 6 5		LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence bef	are admission)
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a t cau	0	D. INSIDE CITY LIMITS?	
lin a ng cau cause;		Baltimore City Hospitals Baltimore YES NO	
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occurre ontribut ermined	sased p	[last birthday] Manths: Doys : Hou	rs Min.
h o o r	J U E	male White WIDOWED DIVORCED 2-4-1888 83 USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loreign country) during most of working life, even if refired)	AT COUNTRY?
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و د و ه		ATHER'S NAME	
- 155	41	Edward ASTON Mary (UNKNOWN)	
IMPORTANI rr his assistant Also, if the dir s of any kind; (E P	Vas Deceased Ever in U. S. Armed Farces? India or unknown] (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 4940 Eastern Avenue RESS	
Sist the the kir	final	No BCH Records: Baltimore, Md. 21224	
POR s ass	or	18. CAUSE OF DEATH APPROXIMA	ATE INTERVAL
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xam cami	are are	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:	
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D is		UNDERCTING CONDITION lost. (c)	
RAL DI f medica medical / burns;	n was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
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FI by the ital b e; (2)	No	21 A. ACCIDENT WAS UNDERLYING 21 R. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? DEATH (natify medical examine) (If In Boltimore City, give exact lacation per per per per per per per per per per	on;
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0 0		12. 1 certify that (1) this hospital) attended the deceased from teb 1 19 71 to Feb 21 that (1) (we) last saw the deceased alive on Feb 21 19 71 and that in (my) (aur) apinion death occurred	_19_Z/
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certificat sody was rs: (1) An	po	SURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county)	(State)
bod ws:	ten fen	emoval 2/21/71 Riverview Burial Park Lancaster, Pennsylvan	nia
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F = 7 3		DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ROBERT C. Altenburg Funeral Ho 6099 Harford Road Balto, Md. 2	21214
		50-REV, 1/1/68	



IMPORTANT

DIRECTOR:

FUNERAL

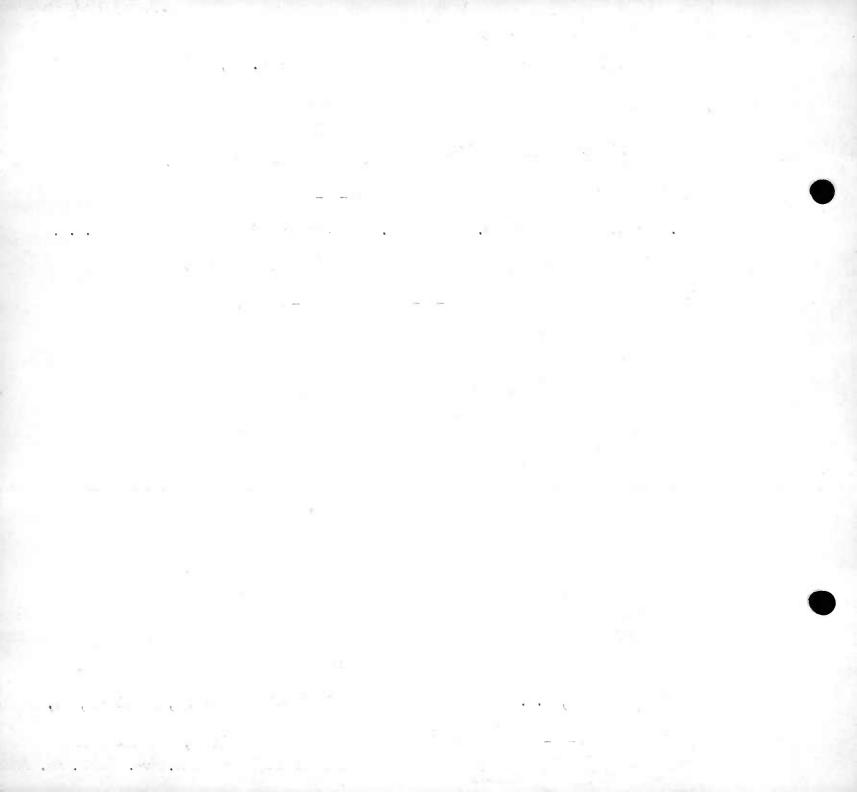
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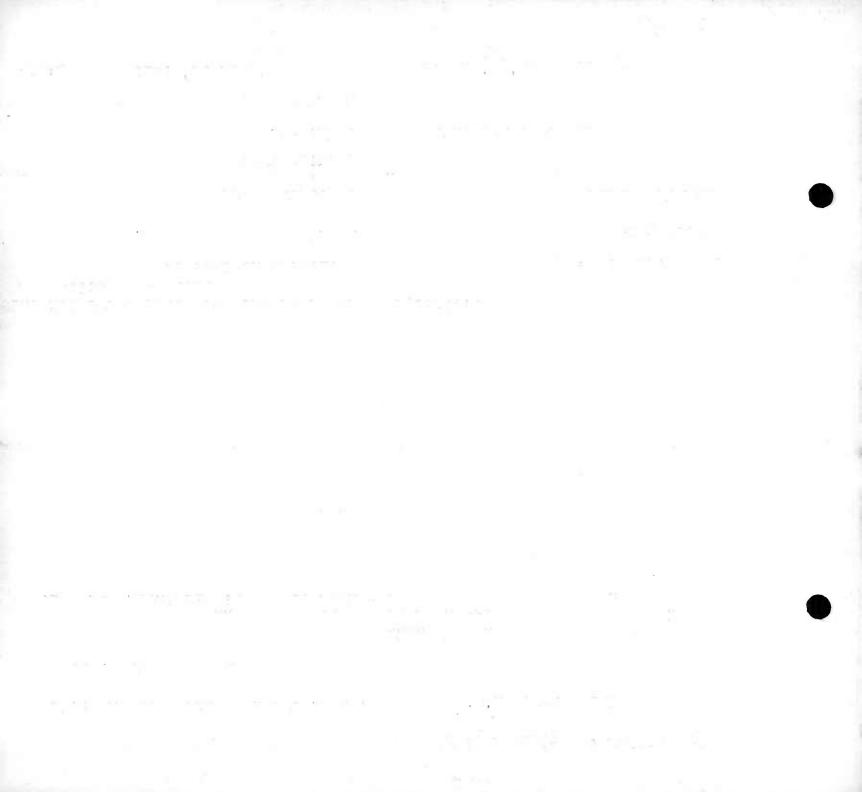


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HO	LL NAME OF DSMTAL OR STITUTION	ADDRESS OR LOC	ATION)	TUTION, GIVE STREET	C. CITY OR TOWN		. INSIDE CITY LIMITS?
V.	T ACME	S HOSPITAL			PASADENA		YES
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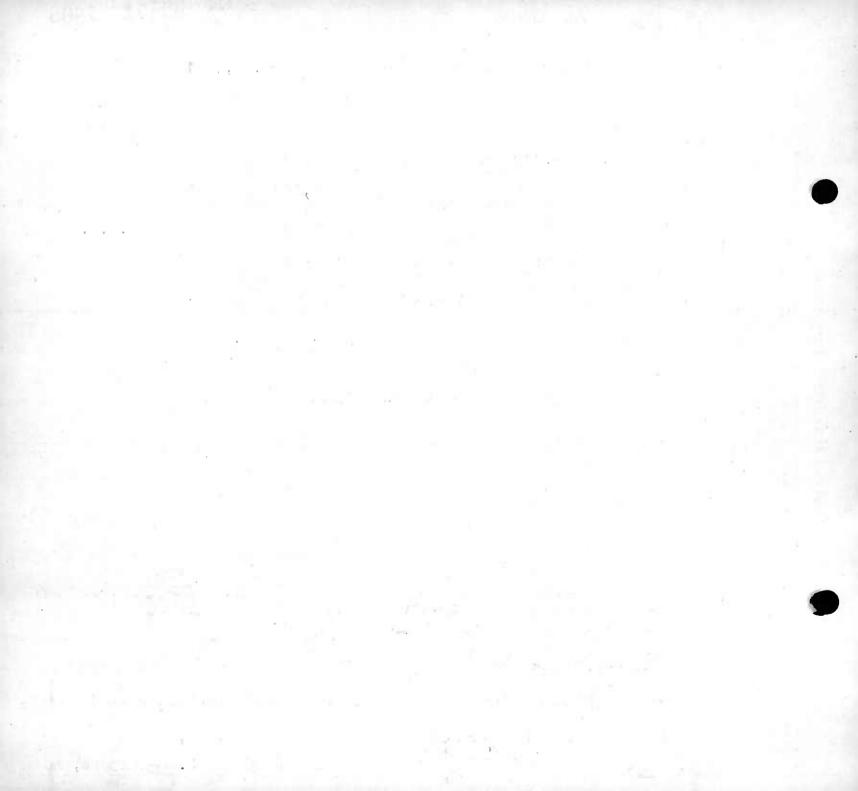
BALTIMORE CITY HEALTH DEPARTMENT





FUNERAL DIRECTOR: IMPORTANT

1	111	71	1000	BALTIMORE CITY	HEALT	H DEPARTMENT		71	1000
D_{ij}	- 456	7 .1.1.	1806	CERTIFICA	TEC	F DEATH	REG. NO	, # mll.	1900
	OF DECEA	ASED		. 4		2. DATE AN	D HOUR OF DEAT	Н	
(Type or	Print)	zabeth Cat	honino	Wash	er	177 - 1-	20 1071	1	A4
3. PLACI		MORE MARYLAND, W			4. USU	AL RESIDENCE (Whe	re deceased lived. If	institution: res	sidence before odmission)
	· Comment						I IY		1711
HOSPITA	LOR	(IF NOT IN HOSPIT	AL OR INSTIT ATION)	TUTION, GIVE STREET		ryland or town	D I	ISIDE CITY III	100
TUTITZMI	ION						D. IN	ISIDE CITY LIA	NO 🗌
7/					Ba F STRE	ET AND NUMBER		YES	NO
P	ine F	Ridge Nurs	ing Ho	me	11 -	05 Pionee	n Dnive		
5. SEX		RACE		NEVER MARRIED			9. AGE (In veors	If Under	1 Yr If Under 24 Hrs.
Fema	_ '	White	WIDOWED		Azzer	21m1886	lost birthday)	Months	Doys Hours Min.
				F BUSINESS OR INDUSTRY				12. CITIZ	EN OF WHAT COUNTRY
		orking lite, even if retired)	TOD. KIND O	, positives or interestrict	line Biki	Trende (sidie di lore	ign coomy,	12. 01112	EN OF WITH COUNTRY
	ewife	~			Ма	ryland		U.S	S.A.
3. FATH	ER'S NAM	Ε			14. MO	THER'S MAIDEN NA	WE		
	Georg	ge W Renne	r		Ma	rgaret		?	
5. Wos I	Deceosed E	ver in U. S. Armed For	ces?	1 6. SOCIAL		RMANT			ADDRESS
		If yes, give wor or date	s of service)	SECURITY NO.					
No)			213-30-524		rs Ruth W	oodward	1	Same
1B.	412	4-L		CAUSE OF DEAT	Н			В	APPROXIMATE INTERVAL
1		OR CONDITION DI	RECTLY			, , , -	1 4		
		EADING TO DEATH		(A) IMMEDIATE CAL	JSE (200 book	1 kzm bo	2	
		t mean the mode of sthenia, etc. It means		DUE TO OR AS		QUENCE OF:			
		licotion which caused							
	AI	NTECEDENT CAUSES		Cit		+	U.D		
DISE	ASES OR	CONDITIONS, if	onv. giving	DUE TO, OR AS	A CONS	EQUENCE OF:			
rise	lo Ihe	above cause (A)						- 1	
UNE	DERLYING	CONDITION lost.		(c)					
-		II .							
		ANT CONDITIONS CO							
	ASE OR CO	NDITION GIVEN IN PAR	RT 1 (A).				***************************************		
D 19A.	DATE OF C	OPERATION 198. CON		WHICH OPERATION	20 A.	AUTOPSY? (Yes or No	IN CERTIFYING	E FINDINGS	CONSIDERED
U 21 A.	A C CID EN T	WAS UNDERLYING	21 E	B. PLACE OF INJURY (e.g., i me, form, factory, street, a	n or abou ffice blda	1 21 C. WHERE DID	(If in Boltim	nore City, give	exact location)
		nedical examiner)	etc			, , , , , , , , , , , , , , , , , , , ,			
D 21 D.		Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?		
>	NJURY ROX.)			hile At Not Whil					
TAPP	KOA.)		W	ork L At Work					
22. 1	certify t	hat (I) (this hospital	l) ottended t	the deceased from			1951 to fek	2 Ky GY	150 1971
thot	(1) (Me) 1	ast saw the decease	ed alive on.	2-17	19	7.1 ond th	ot in (my) (معم o	pinion deat	h accurred on the dat
and	hour and	from the causes sto	ted obove. (1) (We) (did) (dtd=ot) v	riew the	body after death.			
	SIGNATUR			, , , , , , , , , , , , , , , , , , ,	710 1110	body arrow domin		23B, DATE	SIGNED
	11/	17	. _	AH	ending	Med.	Staff		1
- 0	J- lote	my 100	12 VC	OEGREE Phy		b Director 🗀	Phys. L	212	-0/7)
	PHYSICIAN NAME (Typ		les.		23 D. ADI		_ 1		,
1	Her	114 Haas	se M	OFGREE	29	262.600	Spinglar	- Bos	L- 40.7121K
4A. BUR	IAL CREM	ATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	EMATOR	24D. L	OCATION	(City, town, or	county) (State)
	NOVAL (Sp	0/00/	71 17	onlarend		D =	1+1	Ma7	n n d
	rial	2/22/ * HEALTH DEPT.		arkwood of repistrar	7250	FUNERAL DIRECTOR	ltimore,	Maryla	and Address
TR O	19 ANT	a On ac.	2 8	2.3	-			Raltin	
FR	69 19	Marie C.	Shritter .		The	केमवधित वि प्र	gen IIIC.	Dateti	more, Md
VS 150-R	EV. 1/1/68					17			

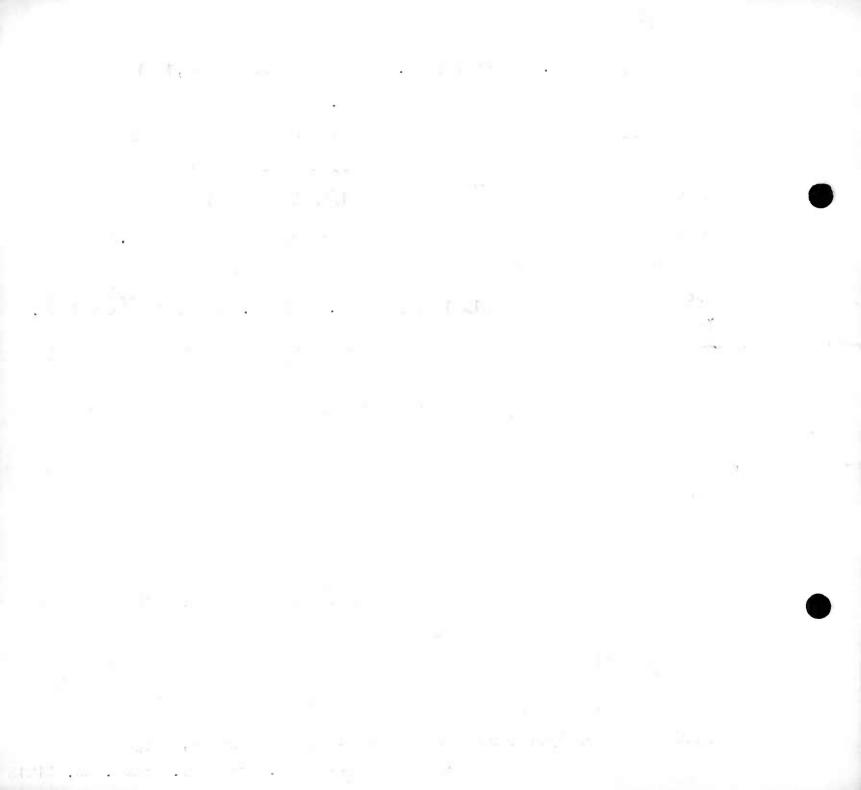


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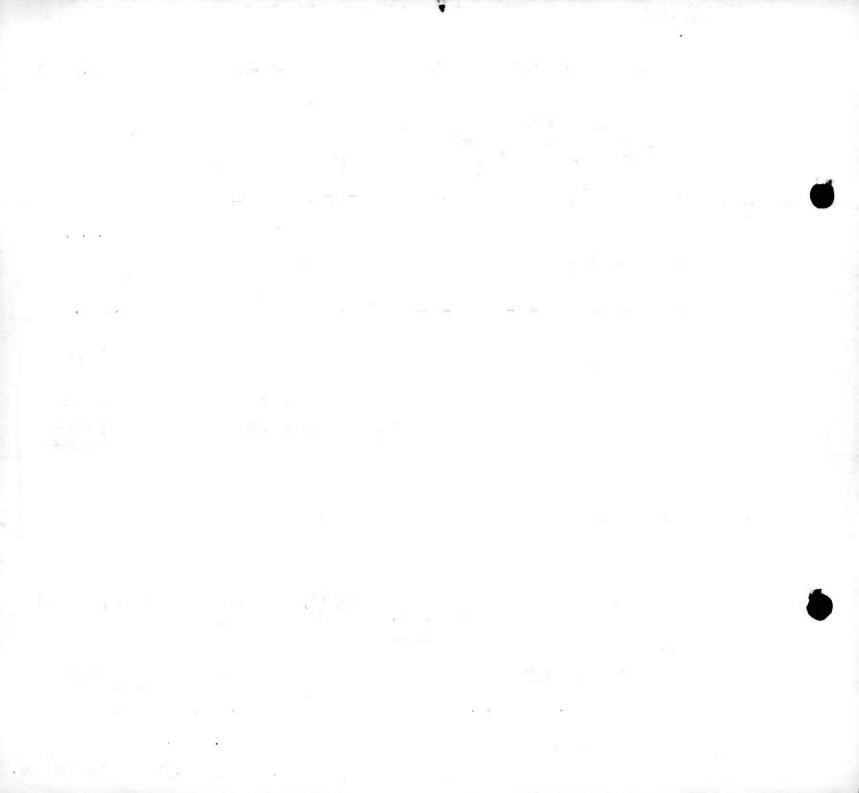
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١.	(1) = 0	- ~		BALTIMORE CITY	HEALTH DEPART	TMENT		17/4	4000
ви	RTH NO.	5 71	1809	CERTIFICA	TE OF DE	ATH	REG. NO	/1	1809
	Pe or Print)			MARIE	Jargaret 2		HOUR OF DEATH		
3.	PLACE IN BAL	TIMORE, MARYLAND, W					- 21-14		6. 25 17 M. dence before admission)
					A. STATE	B. COUNTY	, deceased lived. If it	nslilution: tesi	dence before admission)
H	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN			and and	103
		LAND 6	ENER	AL HOSPITAL	BALTI			YES T	NO
1	V	C17/10 0	5/12/1		E. STREET AND			1534_1	140
2	0				602 E.	36 th	. St.		
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	101	AGE (in years of birthdoy)	If Under 1	Yr. If Under 24 Hrs.
104	LISUAL OCC	UPATION (Give kind of world	WIDOWED		10-18-	- 70	80		
don	e during most of	working life, even if retired)	IUS, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	itote or foreign	country)	12. CITIZEN	OF WHAT COUNTRY?
10		lousewife			M	<i>D</i> .		1	15 A
13.	FATHER'S NA	WE			14. MOTHER'S M	AIDEN NAME			
	Casp	er Miller			Anna	Unkno	own		
15. (Ye	Wos Deceased s,no or unknown	Ever in U. S. Armed For Uf yes, give wor or dote	ces? s of service)	SECURITY NO. 3	17. INFORMANT	A XXXXX	XXXXXXXXX	W Joh	n Watkins
	NO			2127092518	D 231V	- Clov	ille au	2	
	18. 6 5	7,31		CAUSE OF DEAT	H alexander	you	é - Ason	is cuty BET	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
		E OR CONDITION DI	RECTLY	Bren	11 -1	. 1	E.I.	1. (m	
	(This does n	of mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE O	E.	· Companion	1770	*************
	injury at cam	asthenia, etc. it means plicotion which caused	the disease, death.)	South	year u	1 / /2 // //	in antino	1245	75,5
	1	NTECEDENT CAUSES		Marc	adia to	was pre-		7/	
	DISEASES O	R CONDITIONS, IF	any, giving	DUE TO, OR AS	A CONSEQUENCE	OF: I	- vaimonaug	we)
	Tise to the	obove cause (A) CONDITION lost	sloling lhe	10 ASC 6	D- Ro	Soldain	2 Insulie	iena	in the second
		11		(0)		7	7	/	***************************************
NO	OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING	Estat	1	1.1	-1.		1-
CATI	DISEASE OR CO	H BUT NOT RELATED TO THOMDITION GIVEN IN PAR	1 1 (A).	000 1001	to the same	7112 1042	The state of the s	aver ny	A.D
H	II-15-	OPERATION 198. CON WAS PERF	ORMEO 3	ateral PLEUR	20A. AUTOPSY?	(Yes or No)	208. IF YES, WERE	FINDINGS COUSES OF DE	ONSIDERED ATH?
8	21A. ACCIDEN	IT WAS UNDERLYING	1051000	LACE OF INJURY (e.g., i	1/3	RE DID	/If to Rollimon	e City, give e	7.5
₹	IOR CONTRIBU	TING CAUSE OF medical examined	home,	form, foctory, street, of	ice bldg., INJURY C	CCUR?	ht in poundoi	e Chy, give e.	xoct locollon;
DIC	21D. TIME	(Month) (Doy) (Yearl	(Hour) 21E.	NJURY OCCURRED	21F HOW	V DIO INJUR	v occurs		
MEDI	OF INJURY (APPROX.)		While	At Not While		, DIO MIOK	1 OCCOR:		
		Al. A (1) (Al t - 1 - t - 1)	Work				2.	-	
		that (1) (this hospital		77	1 7/		71 to IL -	- 2/-	19 7/
	-				197/		In (my) (our) opi	nion death o	occurred on the date
	23A. SIGNATU	from the couses stat	ed above. (1)	(me) (did) (did not) v	iew the body ofte	er death.		DAR DATE	CHED
	(9	Winds	, 5	Afte	nding Med.		off IZ	238. DATE S	7/7/
	23C. PHYSICIA NAME (Ty	Ms - 1 -	ar	DEGREE Phys	3D. ADDRESS	tor L Phy	ys. 🗀		21- //
	NAME (I)	/ /	His	10000	mary	land	1 Gen	100	Hozp
24A	BURIAL CREA		24C. NA	ME of CEMETERY of CRE		24D. LOC.	ATION (Cit	ly, town, or co	ountyl (Slote)
			ו המ						toloier
25A	Buria OATE REC'D		258 NAME OF	to. REGISTRAR	25C, FUNERAL		alto., Mo	l.	ADDRESS
F	EB 23	1971 Robert E	Walland !	KO O		No.	uck. The	5305	Harford Rd
VS	150-REV. 1/1/6	8			Indones c	x -U a Sept.	acity and e	17707	iant tota ita

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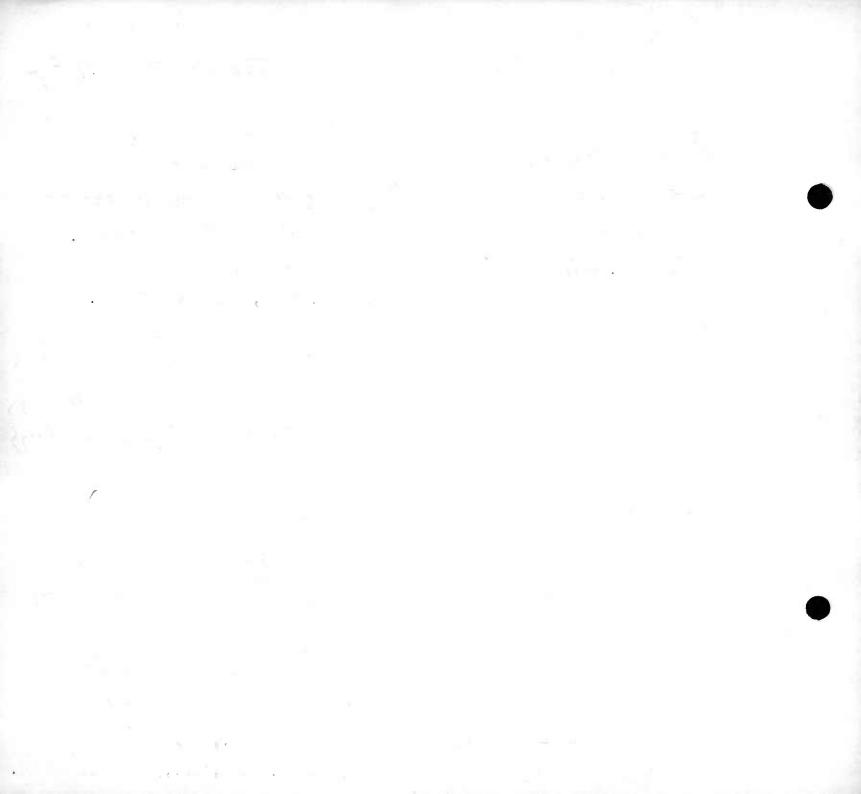
MA	12 -4	4040	BALTIMORE CITY	HEALTH DEPARTMENT			
BIRTH NO.	71	1810	CERTIFICA	TE OF DEATH	REG. NO	71	1810
1.NAME OF				2. DATE A	ND HOUR OF DEATH		
0.01.000.00	MACFETRICH, H			2-20-	-71		7:15 P A
3. PLACE IN	BALTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If in	stilution; reside	ence before admission
FULL NAME	OF (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		2	702
HOSPITAL OF	Veterans Admin			C. CITY OR TOWN	D. INSI	DE CITY LIMIT	S?
13	3900 Loch Rave			Baltimore E. STREET AND NUMBER		YES Z	NO 🗌
	Baltimore, Mar				8		
5. SEX	lé. RACE			4616 Elsrode		1	
Male	Caucasian	WIDOWED		9-29-97	9. AGE (In years lost birthdoy) 73	Months Doy	Yr. II Under 24 Hrs. Ys Hours Min.
10A, USUAL O done during mos	CCUPATION (Give kind of world to facilities)	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lore	ign country)	12. CITIZEN	OF WHAT COUNTRY
	Steamfitter	Unl	mown	Pennsylvania		U	S.A.
13. FATHER'S	NAME MacFetr	ich		14. MOTHER'S MAIDEN NA	ME		
	m kudcotric			Etta Ace			
5. Was Decea Yes, no or unkn	sed Ever in U. S. Armed For own) (If yes, give wor or dole	rces? es of service)	SECURITY NO.		cords		DRESS
Yes	5-14-17 to	8-14-19	205-10-7366	VAH, 3900 Loch	Raven Blvd	Balto.,	Md.
18.	21401	19	CAUSE OF DEATH	1		BETW	PPROXIMATE INTERVAL
DIS	EASE OR CONDITION DI LEADING TO DEATH	RECTLY		DECUMENT	ID/ONT A		
(This doe	s nal meon the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE BRONCHOPNE A CONSEQUENCE OF:	UMUNIA		2Days
heart foilu	re, aslhenia, etc. Il means camplication which caused	the disease,	DULIO, OR AS	A CONSEQUENCE OF:			
	ANTECEDENT CAUSES		BROCHO	CENTO Camainama			4 77
DISEASES	OR CONDITIONS, if		(B) DIE IO. OR AS	GENIC Carcinoma A CONSEQUENCE OF:			1 Year
rise lo	the above cause (A) ING CONDITION last.	slating the	Pulmo	nary Tuberculos	is		5 Years
	11						
OTHER SIG	NIFICANT CONDITIONS CO	NTRIBUTING				1	
DISEASE O	EATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	T 1 (A).	***********************		***		*******
OTHER SIGNOTHER SIGNOTHER SIGNOTHER DISEASE OF THE	OF OPERATION 198 CON	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS COL	NSIDERED TH?
21A. ACCI	DENT WAS UNDERLYING] 21 B.	PLACE OF INJURY (e.g., in	Yes or obout 21C. WHERE DID	If In Rollimon	S City, give exo	at forestern)
DEATH (no	dButing Cause Of dify medical examined	hometc.)	e, torm, loctory, street, of	ice bidg., INJURY OCCUR?	pr in bommore	City, give exc	ict toconon;
21D. TIME	(Month) (Doy) (Year)	(Hourl 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROX.)		Whi	le At Not While				
22. I cert	ify that 💢 (this hospital	1		bruary 16.	19 71 to Febr	110 mr 20	10 71
	ve) last saw the decease			174	at in (n(x) (our) opin		
and hour	and from the causes stat	ed above. 00	(We) (did) (제한중에 vi	ew the body after deoth.			
23A/SIGN	TUPE /	A.	MI			23B, DATE SIC	ONED
1/1	Wall NI	Millen	After Phys.	ding Med.	Staff Phys.	0/	04 /54
23C. AHYSI	CIAN'S : (Type)	· Co	- DE OREE	20 400000	och Raven Bo		21/71
	RICHARD A. H	BAUM M.	D.		ore, Marylan		
4A. BURIAL C	REMATION, 24B. DATE		ME of CEMETERY OF CRE			, town, or eou	
	L (Specily)	77 -HC	oly Redeemer	77	altoi Md.		
SA. DATE REC	D BY HEALTH DEPT.	25B NAME O	F. REGISTRAP	25C. FUNERAL DIRECTOR		A	DDRESS
FEB 23	1971 Robert E.	Jaben !	ea i u o	OLebnærd O. S			
/S 150-REV. 1	1/68						



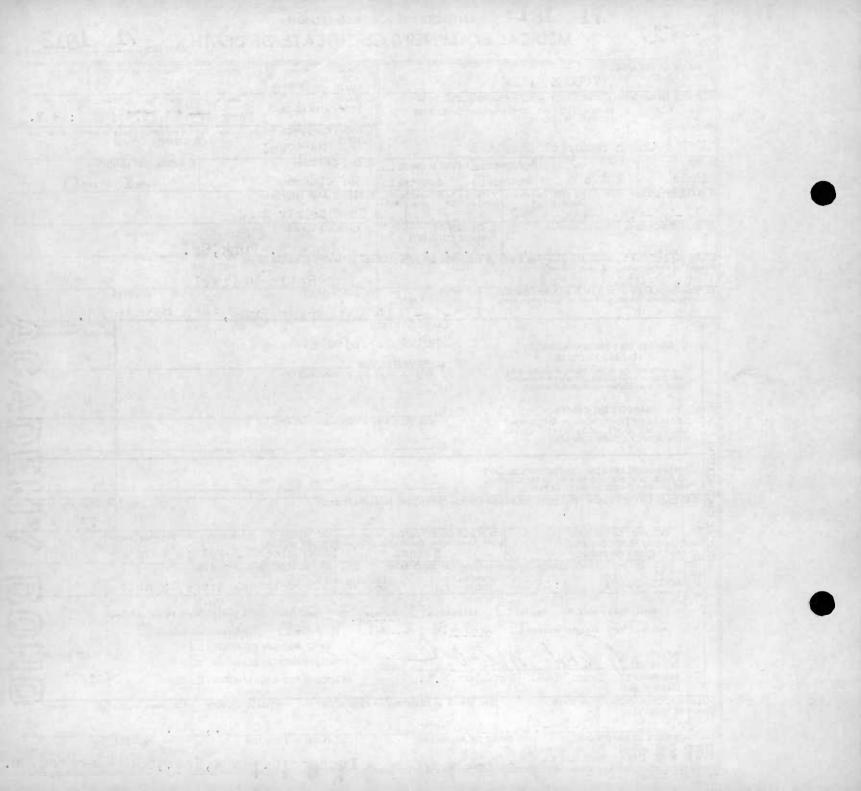
IMPORTANT

DIRECTOR:

FUNERAL



1	-	71 18	312	BALTIMORE CITY HE	ALTH DEPAR	TMENT						
7-520		MED	ICAL	EXAMINER'S	FRTIFIC	TATE	OF D	FATH		71	191	2
BIRTH NO.							01 0	LAII	REG. NO		TOT	~
1. NAME OF DEC		EODORE	FUNK		2. DATE OF DEATH	Known Estimoter	-	lonth	Day	Year	Hnur	
4. PLACE IN BAI	LTIMORE, A	MARYLAND, Y	VHERE PE	ONOUNCED DEAD	3. DATE			lonth	Day	Year	Haur	М.
FULL NAME OF HOSPITAL OR INSTITUTION	5. USUAL RE	NCED DEA	Fet		20,1		7:40	- M.				
4 4 Un	ion M	emoria1	Hosp	ital	A. STATE	farylar			COUNTY	1	72	11
6. SEX	7. RACE			IED NEVER MARRIED	C. CITY OR			1	D. INSIDE	CITY LIMITS	?	
Male	Whi	te	WIDOW		Balti	more				YES 🚺	№ □	
9. DATE OF BIRT	Н	10.AGE (In	yeors	# Under 1 Yr. If Under 24 Hrs.	E. STREET A		ER		-	152 67	NOL	
11-23-0	06	lost birthdo	165X	Months Doys Hours Min.	5848 F	Belair	Road					
11. BIRTHPLACE			21.21.	12. CITIZEN OF	13. FATHER'S		Roud					
Marv:	land			WHAT COUNTRY?	Jose	eph F	Fire	nk Sr				
	PATION (G	ive kind of work	14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN	NAME	III OUI	•			
Ret. Rac					Anna	bell	e Wei	1 7 0				
16. WAS DECEAS	ED EVER II	N U.S. ARMED	FORCES	? 17. SOCIAL SECURITY NO.	18. INFORM	ANT	C WC3	LOGCI		ADDRESS		
No)(it yes, give	a wol of doles	or service	213-14-3414	Cathe	erine	Funk	581	& Re	lair	Rd.	
19.	14%			CAUSE OF DEA				700	.0 1,0		APPROXIMATE I	
DISEAS	E OR CON	IDITION DIREC	CTLY	Multiple	Injuri	es				OE.	TWEEN CHOCK	AND DEATH
	LEADING	TO DEATH		(A)IMMEDIATE C	AUSE							
(This does n	oi meon in	e mode of dy	ing, e.g.,		S A CONSEQU	JENCE OF:					*********	
Injury or con	nplication w	hich coused dec	th.)									
IA AI	NTECEDEN	T CAUSES		/g\								
DISEASES O	OR CONDI	TIONS, IF ANY	, GIVING	(B) DUE TO, OR	AS A CONSEQ	UENCE OF:	:					
UNDERLYIN	G COND	ITION LAST.	ING INE	(c)								
<u> </u>		11		(0)	***************************************							
O THE DEA	ATH BUT NO	ONDITIONS CO OT RELATED TO N GIVEN IN PA	THE TERM	ING NAL								
20A. DATE OF				FOR WHICH OPERATION WA	S PERFORME	D				21. AUT	OPSY? (Yes	or No)
02											yes	
22A. EXTER	NAL CAUS		1	22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 22	C. WHERE	DID (II in	Baltimore (City, give e	roct location		
22A. EXTERIOR UNDERLYING UTING CA				home, form, foctory, street, office Street	bldg., etc.) IN	BOO Blo	ock of	E Bela	ir Ro	ad /	1735	-
	(Month)	(Doy) (Yeor) (Hour	22E INJURY OCCURRED	22	F. HOW DI						
OF INJURY (APPROX.) 2 -	20-71	7:25	P.	m. WHILE AT WORK AT W	WHILE S	Pedest	trian	struc	k hv	auto		
23.				III. WORK LA AIW	OKK [-5]			00200	The Dy			-
l cert	Ify that I	held an Ir	quiry [Inspection Aut	apsy X	and that	on this l	basis, de	eath in m	opinion		
result	ted from:	Natural caus	ses 🗌	Accident X Suicid	e Hon	nicide 🗌	Und	etermine	d manner			
	1	1 1	2.	1/1/	C	HIEF MEDI	CAL EXAM	AINER []			
SIGNATI		held	ni	M.D.	ASSIST	TANT MEDI	CAL EXAM	AINER X			DATE SIG	NED
EXAMIN	ER'S I	Ronald N	I. Ko:	rnblum,M.D.		LATE MEDI	CAL EXAM	AINER [2/	21/71	
NAME (T	ype)											ALES)
24A. BURIAL CREA REMOVAL (Specific	MATION,	24B. DATE		24C. NAME of CEMETERY	or CREMATOR	Y	24D, LOC	ATION	(City, tov	n, or count	y) (Sto	ote)
Buria	No.	2-24-		Parkwood			Balt	00.	Md.			
25A. DATE REC'D	BY HEALTH	30.0	25B. N.	AME OF REGISTRAR	25C. FL	NERAL DI				ADDRESS	1	
LERKA	3/1	Kobest E.	Backs	100 ACA.	Teor	and.	T .P.	ick T	no	5305	Harfo	rd R



SIGNATURE

NAME (Type)

24A. BURIAL CREMATION, | 24B. DATE

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)
Burial

VS 151-REV. 1/1/68

EXAMINER'S Ronald N. Kornblum, M.D.

71 1813 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO BIRTH NO 1. NAME OF DECEASED 2. DATE Known . Month Hou. (Type or Print) OF ROSA PEARL WILLIAMS Estimated | DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Hour 3. Month Yeor PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET February 20,1971 3:40 P. HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland UNION MEMORIAL HOSPITAL 6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore White Female DIVORCED YES L-NO L E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) Months | Doys , Hours | Min. 3924 Frisby Street 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Virginia

U.S. A. Richard XXXXX Elkins
14a. U.S. A. Richard XXXXX Elkins
14a. U.S. A. Richard XXXXXX Elkins done during most of working life, even if retired) Housewife Sally C Avlor 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)|(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS Joppa Md, 13-05-9131 Mrs Alma I. Saroul CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Hemopericardium DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: Rupture of Aorta ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (c) Arteriosclerotic cardiovascular disease UNDERLYING CONDITION LAST. FICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II In Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? ¥ 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Yeor) OF INJURY WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, deoth in my opinion resulted fram: Natural causes X Suicide Undetermined manner Accident L Homicide ___ CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER

24C. NAME of CEMETERY or CREMATORY

Parkwood

258 NAME OF REGISTRAR

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

24D. LOCATION

Baltimore.

Inc.

2/21/71

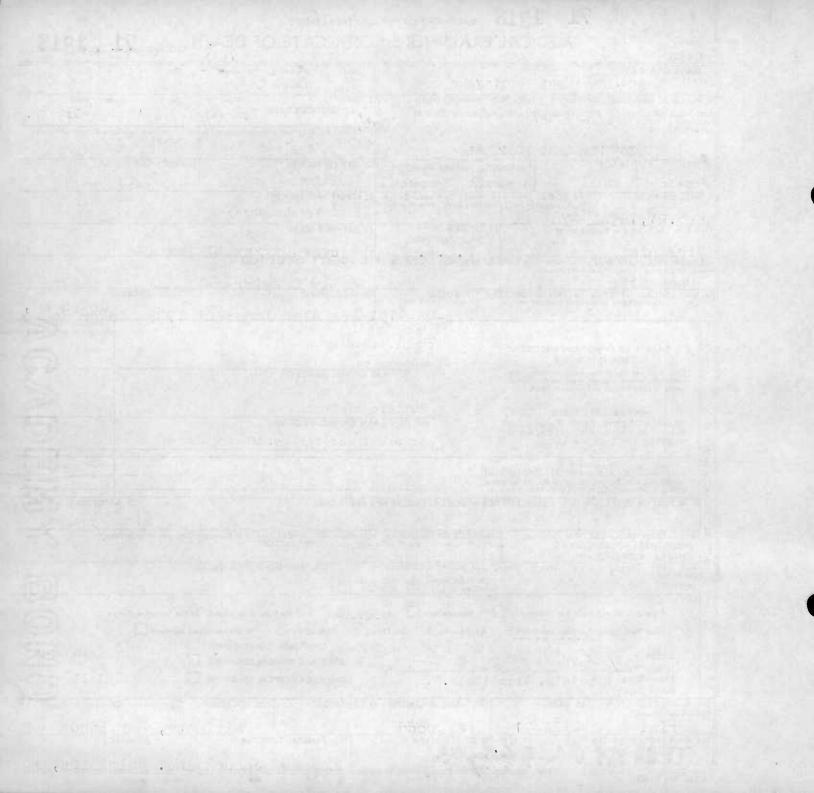
Maryland

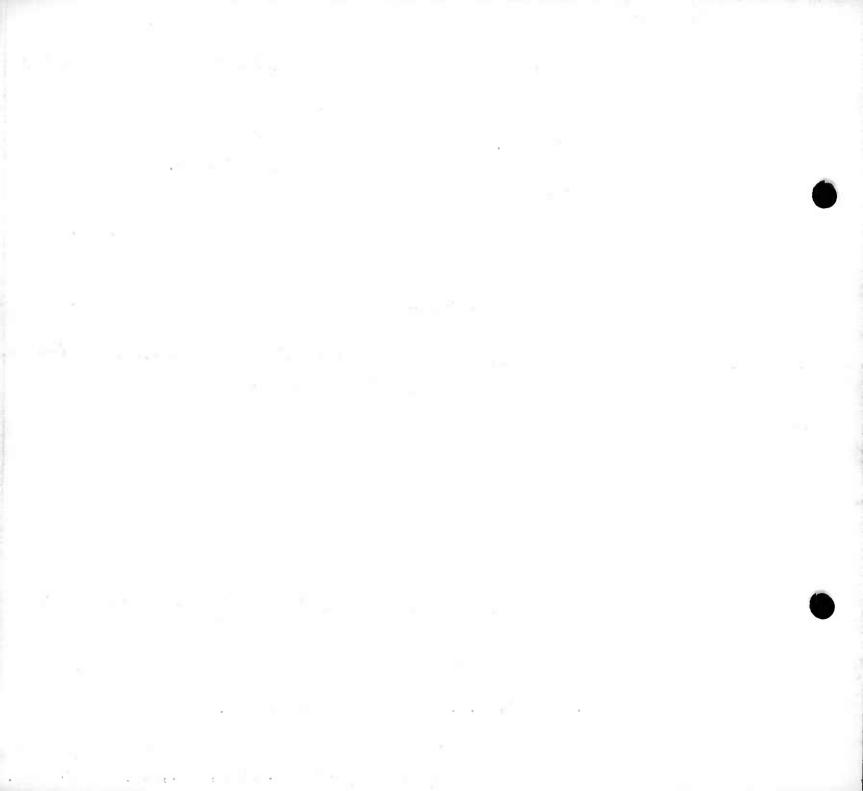
Baltimore

(Stote)

(City, town, or county)

ADDRESS





FUNERAL DIRECTOR: IMPORTANT

7-654 BIRTH NO.	71	1815 CERTIF	E CITY HEALTH DEPART		71	1815
1. NAME OF DEC		Zoe Fromal		DATE AND HOUR OF DEATH February 19, 197		10:50 A.M. M.
3. PLACE IN BAL	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD		NCE (Where deceased lived, II		sidence belore admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREE ATION)		d City	SIDE CITY LI	284/ MITS?
199	Villa Sai	nt Michael	E. STREET AND N		γε Χ ΙΧ 212	NO []
5. SEX	6. RACE White	7- MARRIED NEVER MARRIE WIDOWED DIVORCE	Sept. 12.	1889 9. AGE (In years lost birthdoy)	U 0. 1	
done during most of v	PATION (Give kind of work rorking life, even if retired)	Sister of Charit	2.7	News, Virginia	1	EN OF WHAT COUNTRY?
13. FATHER'S NAM	NE .		14. MOTHER'S MA	AIDEN NAME		
Auguste	Fromal		Anna Em	ily Jasko		
15. Wos Deceosed (Yes, no or unknown) NO	Ever in U. S. Armed For (If yes, give wor ar dote	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	r Andrea sa	me add	ADDRESS
18. //	7.9	CAUSE OF		ALOI VA SA	nie auu.	APPROXIMATE INTERVAL
DISEAS	OR CONDITION DIR					ETWEEN ONSET AND DEATH
	LEADING TO DEATH	CANIMATOIA	TE CAUSE Cerebra	al Vascular Acci	dent	3 days
heort failure, o	ol meon the mode al asthenia, etc. It means	the disease. DUE TO,	OR AS A CONSEQUENCE OF			
injury at camp	olicotion which caused	death.)	Arteri	osclerosis		•
1	NTECEDENT CAUSES	(B)				, years
rise to the	R CONDITIONS, il above cause (A) CONDITION last	slating the	OR AS A CONSEQUENCE	of:		
# ITO THE DEATH	CANT CONDITIONS CON BUT NOT RELATED TO THE INDITION GIVEN IN PART	IE TERMINAL				
19A. DATE OF Non	OPERATION 198 CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? None	(Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS LUSES OF D	CONSIDERED DE ATH?
OR CONTRIBUT	TWAS UNDERLYING TING CAUSE OF	21E PLACE OF INJURY home, form, fociory, street.	(e.g., in or about 21 C. WHE cet, office bldg., INJURY O	RE DID (If In Boltimo	re City, give	exact location)
W I OF INTELLED	(Month) (Doy) (Year)	(Hous 21E INJURY OCCURRE	D 21F. HOW	DID INJURY OCCUR?		
(APPROX.)	None		While Work			
22. I certify t	hat (1) (this hospital)	attended the deceased from	April, 1970)	ruary	1971
that (I) (we)	ast saw the decease	d olive on February	16, 1971	and that In(my) (aur) ap		
and haur and from the causes stated above. (I) (We) (ADM) (did not) view the body after death. 23A. SIGNATURE 23B. DATE S						
23C. PHYSICIAN		llage DEGREE	Attending Med. Phys. Direc	lor Shaff Phys.	Febru	ary 19, 1971
Damia	n P. Alagia,	Wan.		ick Avenue, Balt	imono	Ma 21228
24A. BURIAL CREN	ATION, 248, DATE	24C. NAME of CEMETERY			ily, lown, or	
Burial	2/22/7		's Cemetery			ryland
25A. DATE REC'D		25B. NAME OF REGISTRAR	25C. FUNERAL	DIRECTOR		ADDRESS
FEB 23	1074 Rabat	Calley HA () STEWART	8 & MOWEN CO.10	o8 w.1	

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25C. FUNERAL DIRECTOR

ADDRESS

eneral Hoise

258 NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT.

C 600

71 1817 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 1817
1. NA ME OF DECEASED (Type or Print) SHIRETA CARR	2. DATE Known Month Doy Yeor Hour OF DEATH Estimoled M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION 2315 Callow Avenue	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD February 17, 1971 2:10 P.M. 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr. 10. AGE (In years Months, Days, Hours, Min Months, Martin, Ma	E. STREET AND NUMBER
11. BIRTHPLACE (Stote or foreign country) Richmond Va 12. CITIZEN OF UWHAY COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST	RY) 15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	Mr Frank Carr, same
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	CAUSE Undetermined ASSA CONSEQUENCE OF: R AS A CONSEQUENCE OF:
	VAS PERFORMED 21. AUTOPSY? (Yes or No) Yes
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection Aresulted fram: Natural causes Accident Suic ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.	., In or obout 22C. WHERE DID (If in Boltimore City, give exact location) ice bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR?
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER' REMOVAL (Specify) 2/25/71 Mt. Calvar 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR FEB 23 1971 Page 5 Calvar VS 151-REV. 1/1/68	Y or CREMATORY 24D. LOCATION (City, lown, or county) (Stole) A A County Md

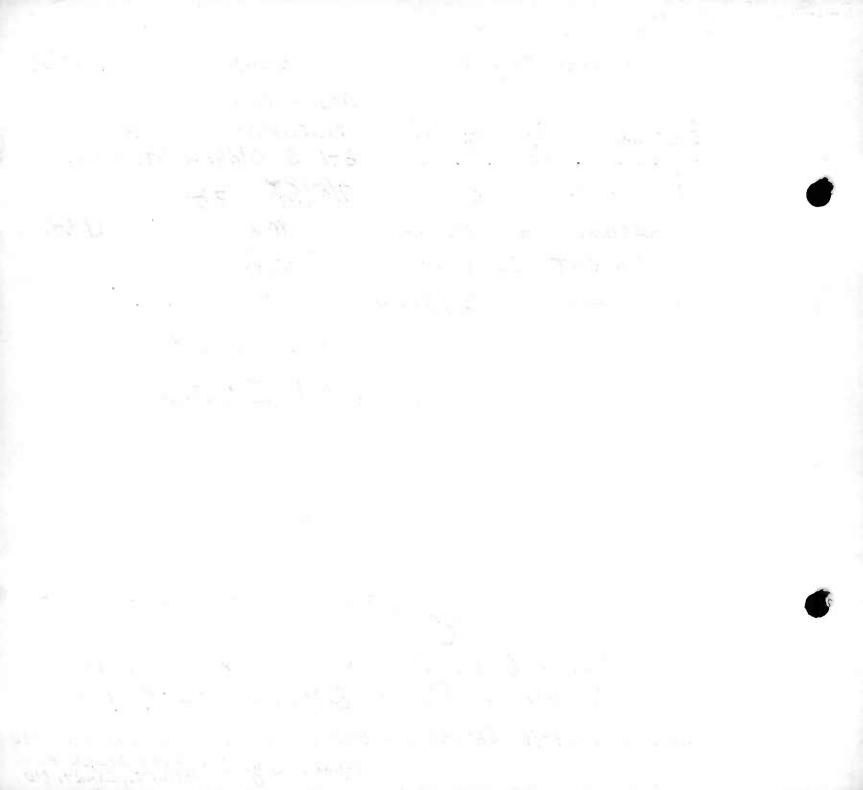
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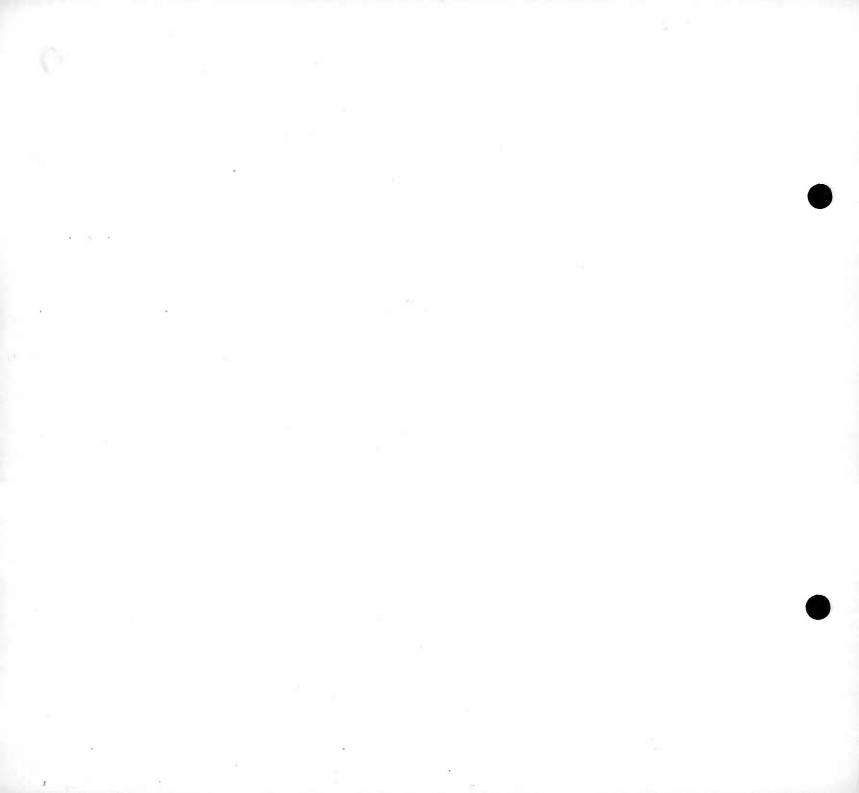
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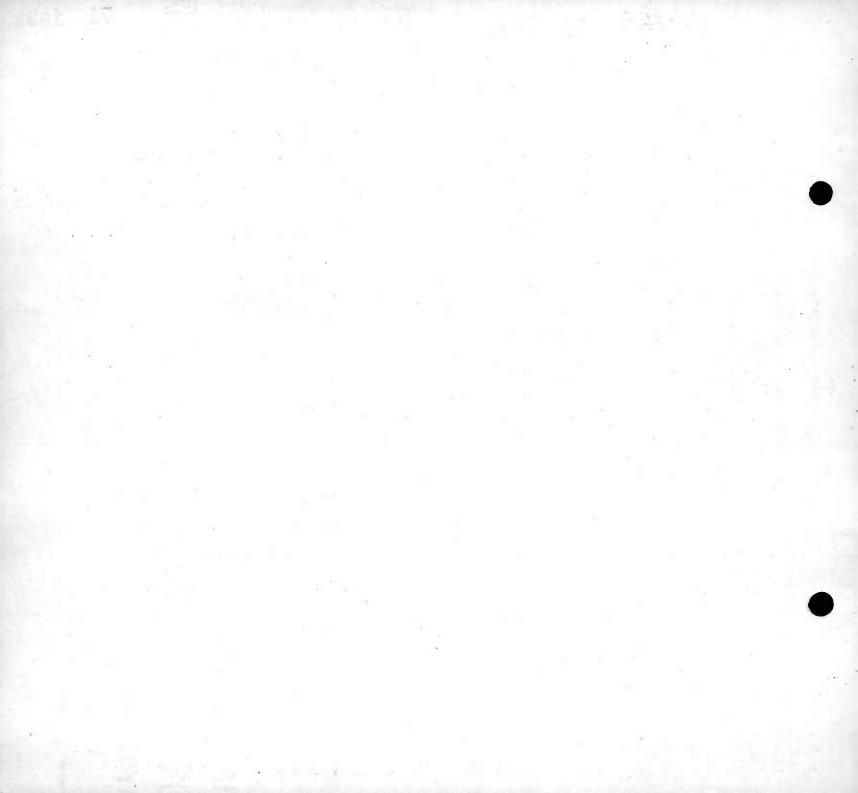
GUELAL ALAR W. French, EVAN OFM. LANDOUR DELL'EN MANAGER ME

58 - 50 -77 J	D	BALTIMORE CITY HEALTH DEPARTMENT
p +	Such	U-432 71 1819 CERTIFICATE OF DEATH REG. NO. 71 1819
al an	0 5	1. NAME OF DECEASED Walatka Mary A., 2-21-71 6:25 P. M.
M) Dec nce o eath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
a ho	ndanc to de	FUIL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION D. INSIDE CITY LIMITS?
in a	d cause; (5) D r attendance prior to deat e.	Baltimore City Hospital Baltimore YES NO
r e di	1 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	4940 Eastern Ave, Baltimore, Md. 21224 641 5, Oldham 5t. #21224,
occurre	in regular in regular deceased pi	emale White WIDOWED DIVORCED 7/5/8 Iost birthdoy Months Doys Hours Min.
eath or c		RETIRED HOUSE WORK Md. U.SA.
F : 7	th was in on the was in the decoration disposition	VINCENT ULCHINSKY MARY
STA sista	dea dea inal	5. Wos Deceosed Ever in U. S. Armed Forces? Tes, no or unknown) (II yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 217-54-0085 17. INFORMANT BCH Records: Baltimore, Md. 21224
O :: °	o de de	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMF or his Also,	pronounular atte	LEADING TO DEATH
	gular gular embal	(This does not meen the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which coused death.) DUE 10, OR AS A CONSEQUENCE OF:
CTOR	gola emb	ANTECEDENT CAUSES Myocardial Interction
E S	an who in regulated as are	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the obove couse (A) stoling the UNDERLYING CONDITION last. (C)
- H 0	physician an was i remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	he p sicic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1995. CONDITION FOR WHICH OPERATION WAS PERFORMED 2104. ACCIDENT WAS UNDERLYING TO 1218. PLACE OF INJURY (e.g., in or obout 2210. Where DID. 2114. ACCIDENT WAS UNDERLYING TO 1218. PLACE OF INJURY (e.g., in or obout 2210. Where DID. 2115. PLACE OF INJURY (e.g., in or obout 2210. Where DID. 2116. ACCIDENT WAS UNDERLYING TO 1218. PLACE OF INJURY (e.g., in or obout 2210. Where DID. 2116. ACCIDENT WAS UNDERLYING TO 1218. PLACE OF INJURY (e.g., in or obout 2210. Where DID. 2117. ACCIDENT WAS UNDERLYING TO 1218. PLACE OF INJURY (e.g., in or obout 2210. Where DID.
FL by the pital by	where to No phy distore	OR CONTRIBUTING CAUSE OF
ved b	y nature; (2) xcept where and (6) No pt btained befor	DEATH (notily medical examines) OF INJURY (APPROX.) DEATH (notily medical examines) OF INJURY (APPROX.) OR CONTROL PROTECTION TO THE COURT OF
	exe obt	22. 1 certify that (1) (this hospital) attended the deceased from 2-2/ 197/ to 2-2/ 197/
g 0.	유구교	that (1) (we) last saw the deceased alive an 2-2/-7/ 19 and that in (my) (our) opinion death accurred on the date
	ospit deat must	and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED
must eleas	9 6 6 7 11	Attending Med. Stoff 2-21-71
icate was r	An at a prior	Theodore G. Rose in 23D. ADDRESS 1,4940 Eastern/ Ave. Hospital 21224
certif	D.O. ased en a	BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county). (Stole) BURIAL 2-24-71 SACRED HEART CEM. 7401 GERMAN HILL RD, BA.Co., MD
This of the b	snows: was D. deceas writter	FEB 23 1971 Course State of Charles & Buley 624 EASTERS AVE.
	11	\$ 150-REV. 1/1/6B

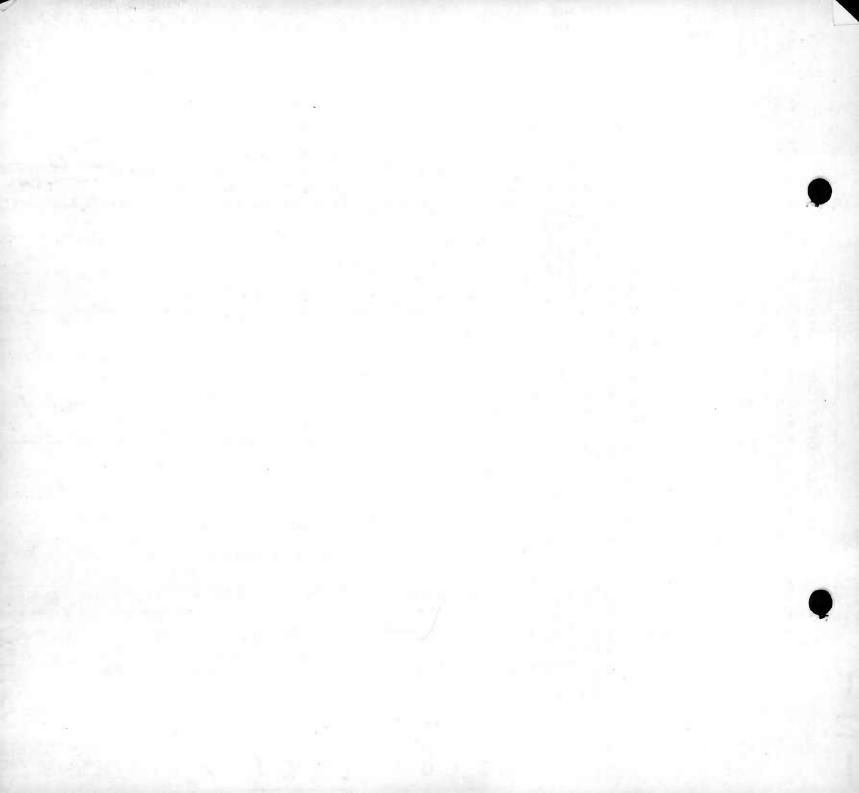




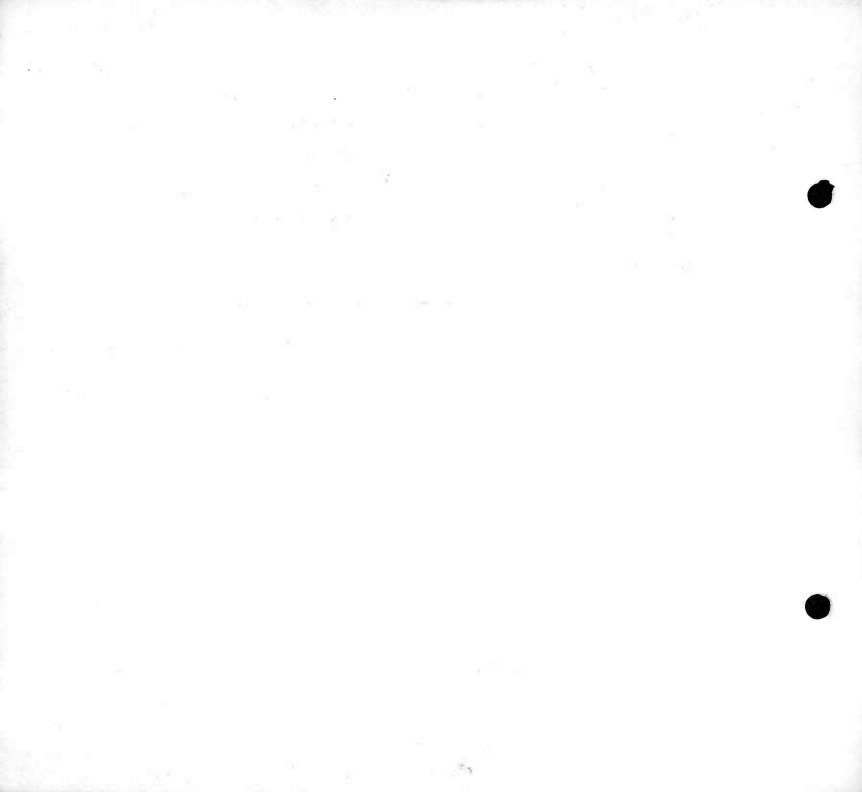
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10 210 011		HEALTH DEPARTMENT		Physical Company of the Company of t
BRITA NO. 462 71 18	322 CERTIFICA	TE OF DEATH	REG. NO	/1 1822
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	45
(Type of Print) VICTORIA	PIANIC	Feb	21 19	7/ // // 4 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (When	re deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MANYLand	BAHIMI	IDE CITY LIMITS?
44 Union Memo	RIAL	BAILemone		YES NO NO
	Hosp	E. STREET AND NUMBER	the skr.	
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED 2	8. DATE OF BIRTH	9. AGE (In yeors	If Under 1 Yi., If Under 24 Hrs.
	OWED DIVORCED	5/15/52	lost birthday)	Months Doys Hours Min.
done during most of working life, exemiferetired)	ND OF BUSINESS OR INDUSTRE			USA.
13. FATHER'S NAME		MANYLAS	ME	
JAMES CLACK		·Victoria .	Jenkins	756 36 5 St.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give wor ar dotes af se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	/ //	ADDRESS
No	211-58-6451	Victoria C/1	GRA 75	-6 6.36 M by
1B. 7 8 8 1	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		AT A		,
LEADING TO DEATH	(A) IMMEDIATE CAL	SE Bronchys	nuencon	a
(This does not mean the made of dying, heart failure, asthenia, etc. It means the di		A CONSEQUENCE OF:		
injury or camplication which caused death.		v.		Į.
ANTECEDENT CAUSES	(0)			
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:	0'	
rise Ia Ihe abave cause (A) slaling) The		Fort /45	****
11	(~/	***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBLE	TING		/	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL		***************************************	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED		Les	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medico) exomines)	21B PLACE OF INJURY (e.g., i home, form, foctory, street, al etc.)	n ai obout 2 C. WHERE DID INJURY OCCUR?	(If in Boltimor	re City, give exact location)
21 D. TIME (Month) (Doy) (Yeos) (Hour	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not While Work At Wark	e 🔲		
20 1 1/2 1 1/2/11 1 11 11 11			10.7/	2/2/ 1971
22. I certify that (this haspital) atter		19 <u>7/</u> ta		
that (1) (400) last saw the deceased aliv	e an 2/2/	19and th	at in(my) (see) api	inian death accurred on the dat
and haur and fram the causes stated abo	ave. (I) (11 (did) (did no) v	riew the bady after death.		
23A. SIGNATURE			-10	23 B. DATE SIGNED
Naviel Sellen	We Magage Atte	ending Med.	Staff Phys.	12.6.21 1971
23 C. PHYSICIAN'S		23 D. ADDRESS	Tily 3.	72001,111
NAME (Type)				
	DEGREE			
24A. BURIAL CREMATION, 24B. DATE.	24C. NAME of CEMETERY OF CR	MATORY 24D. L		ity, tawn, or caunty) (State)
Truncal 12/25/21	Balto · Mai	yenry 55	"or Ined	enck Got
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	250. FUNERAL DIRECTOR	0,0	ADDRESS
FEB 23 1071 P.A. & E. &	a. Co. MBB D D C	Joseph K.	Joeks X	1304n. (Quelost 18)
VS 150-REV, 1/1/6B	The state of the s		1	



	1	BALTIMORE CI	A TE OF PEATH PEG NO. 71 1823
	P = 0 = E	BIRTH NO. 71 1823 CERTIFIC	ATE OF DEATH REG. NO. 1 1823
	and eath ase ase th	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
hospital and ise of death (5) Deceased	7 ece de 7	(Type or Print) W hite, Thomas	2/21/71 10:45 A.M.
	of of other	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Bolton Hill Nursing and Convalescent Center	4. USUAL RESIDENCE (Where deceased lived If institution lesidence before admississi-
	0 0 C = 0	FULL NAME OF HE NOT IN HOSPITAL OF INSTITUTION GIVE STREET	A. STATE BACTUMOTE 1002
		HOSPITAL OR ADDRESS OR LOCATION)	C.CITY OR TOWN D. INSIDE CITY LIMITS?
	l in a ng cau cause; attend ior to	1400 John Street	E. STREET AND NUMBER
	TO.= " L .	70	710 Asquith
		5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr. II Under 24 Hrs.
	contribution contr	Male Black WIDOWED DIVORCED	10/1/07 lost birthdoyl 63 Months Doys Hours Min.
•	in r	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	
		LOOK	North Carolina United States
	rect or (4) Und was the d	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	diredire dire f; (4 th v	THOMAS WILL DE	Mamie Bowie
A	0 7 -	15. Was Decoased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
RT.	find A prin	unknown 219-18-3071	Admission Record
\mathbf{v}	ar Cabr	18. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Ž.	of of of of	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Wase Cerebral Vascular Accident 7 months
_	Als nou att	I lines does not meen the mode of dying, e.g., Olis to on A	S A CONSEQUENCE OF:
8	er. er. ctu pro lar	heart failure, osthenia, etc. It means the disease, injury or complication which coused death.)	
5	fra fra em	ANTECEDENT CAUSES	elol degradation northy
EC	×an ×an ×h ×h	DISEASES OR CONDITIONS, if ony, giving nise to the obove cause (A) stoling the	S A CONSEQUENCE OF:
œ .	E O E E S	UNDERLYING CONDITION last. (C) and	wisslam gereolised years
	dical dical rrns; rsicio was mair	2 11	
₹ '	E 9 4 5 1 5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO SEASE OR CONDITION GIVEN IN PART 1	
E :	Picie de la	ODISEASE OR CONDITION GIVEN IN PART 1 (A).	20 A. AUTOPSY? (Yos or No.) 208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UNERAL	1 2 4 5 0 1 S	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (E.G.	
<u>.</u>	5 2 5 5 5	On CONTRIBUTING TO ALUCE OF	in or obout 21 C. WHERE DID (If In Boltimore City, give exoct location) affice bldg., INJURY OCCUR?
	pita pre; whe No d be	DEATH (notify modical examiner) 21D.TIME (Month) (Doy) (Your) (Hour) While At The Not White At The Not Whi	
-	S + + (9 e	21D. TIME (Month) (Doy) (Your) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not Wh	21F. HOW DID INJURY OCCUR?
	ta ta	Work LJ At Work	
		22. I certify that (I) (this hospital) attended the deceased from	8/20 19 70 to 2/2/ 19 7/
	of of of of of of of of of of of of of o	that (I) (we) last saw the deceased alive on	19ond that In(my) (our) apinion death occurred on the date
	dent of death)	ond hour ond from the couses stoted obave. (!) (We) (did) (did not)	view the body ofter death.
	59:54 0-	A. A. A.	ending Med. Staff
	0 - 0>	23C-PHYSICIAN'S	ys. Director Phys. 220. ADDRESS
	certificate body was vs: (1) An of D.O.A. at assed prio	NAME (Type) AN H. MACOTT MO	2 F Red & BOKAN ZIND
	dy was (1) An O.A. a ed pri	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C. REMOVAL (Specify)	REMATORY 24D. LOCATION (City, town, or county) / (Stoto)
	is cert e body lows: (' as D.O scease ritten	Buryal 2/26/71 Mt. (alva	en O. a. County. mis
	This cert the body shows: (was D.C decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	SSC. FUNERAL DIRECTOR ADDRESS ADDRESS
Ì	マーニ マックラー	- B Z 3 1971 Base E. 44 600 100	1) obegin D. Locks (1304); Canked Of
		VS 150-REV. 1/1/68	



	ath sed the uch	BIRTH NO. CIVUAZIATA) BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 1834
	Sobo	(Type or Pini) 2. DATE AND HOUR OF DEATH
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission
	hospi se o (5) D ance deat	A. STATE B. COUNTY
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. C. CITY OR TOWN D. INSIDE CITY LIMITS?
	c 3 4 .	YES NO D
	ting ting d car d car prior	[E. STREET AND NUMBER
	- 30 B B	S CEN LY OLD TO THE TOTAL TOTA
	death occurred in t or contributing Undetermined ca as in regular at e deceased prior	WIDOWED DIVORCED 3-23-92 9. AGE (In years lost birthday) 1 Under 1 Yr. If Under 24 Hrs 1 Under 2
•		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	or nde ric de	HOUSEWIFE U.S.A
	was the sposit	13. FATHER'S NAME
F	+ :-	Francesco Mastropaolo Libra Palladin
4	0 0 0 0	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) Uf yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
LY.	S + Z + E =	214-54-3662
PORT.	o de a li	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH CEREBRAL VASCULAR APPROXIMATE INTERVAL CEREBRAL VASCULAR BETWEEN ONSET AND DEATH
<u>8</u>	Also noun atter	LEADING TO DEATH
••	5 5 L B	heort foilure, asthenia, etc. It means the disease. DUE TO, OR AS A CONSEQUENCE OF:
OR .	= c o " = E	injury or complication which caused death.) ANTECEDENT CAUSES
5	A fr	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
DIRE	S in V	the to the obove couse (A) sloting the
	ain ain	UNDERLYING CONDITION [65], (C)
	meaica ledica! burns; hysicia in was remain	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE DEATH BUT NOT RELATED TO THE TERMINAL
FUNERA		d Disease or Condition Given in Part 1 (A).
Z	- 0 c s +	198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
3	al by (2) B	O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)
	× 5 5 5 5	O O O O O O O O O O O O O O O O O O O
	hospi natur ept w d (6) l ained	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not While Work At Work
	ny exc an	22. I certify that (I) (this hospital) attended the deceased from
	24-02	that (I) (we) lost saw the deceased alive on
-	dent of death) must be	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	BOODE	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Shoff C
	0 0 0 0 0 0	Altending Med. Staff Phys. Careful Phys. 23C. Physician's NAME (Type) 23C. Physician's NAME (Type) 23D. ADDRESS
:	cerrincare body was r 7s: (1) An a D.O.A. at a ased prior	LED A COURTREY, MD. 827 UNDER AUE.
	2000	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)
		Buria 2/20/7/ Sacred Heart Bolto. Md. 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 125C-FUNERAL DIRECTOR
	he he vas	25A. DATE REC'D BY HEALTH DEPT. 125E, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR



occurre

IMPORTANT

DIRECTOR:

FUNERAL



71	1020
17	1826

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 1826
BIRTH NC. I. NAME OF DECEASED	NEO, IVO.
(Type or Print)	2. DATE Known 1 Month Doy Year Hour
Clarence Simmons	DEATH Estimoted . M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 2 2 71 10:05 a.m.
	A. STATE B. COUNTY
male colored WIDOWED DIVORCED	Dalhimana 🗖 🗖
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) Months 1 Doys 1 Hours 1 Min.	E. STREET AND NUMBER
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Y 15. MOTHER'S MAIDEN NAME
done during most of working lile, even if retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(if yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY Afterio	osclerotic cardiovascular disease
(This does not mean the made of dyling, e.g., (A)IMMEDIATE C	CAUSE AS A CONSEQUENCE OF:
tnjury or complication which coused death.)	
ANTECEDENT CAUSES (6)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
INDEPLYING CONDITION LAST	
P II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21 AUTORSV2 (Yes or No.)
	no
UNDERLYING TOR CONTRIB	tn or obout 22C, WHERE DID (If In Boltimore City, give exact location) bldg., etc.) INJURY OCCUR?
	22F HOWDID INITIDE OCCUPY
OF INJURY (APPROX.) WHILE AT NOT	WHILE
23.	
resulted from: Notural causes Accident Suicid	
ACTUAL MANINGTON	DATE SIGNED
4. PLACE IN BALLHOOLE, MARYLAND, WHERE PRONOUNCED DEAD ADDRESS OR COADMINON, OIVE STREET ADDRESS OR COADMINON, OIVE STREET BALL COLORED BA	
Burial 2/20/71 Mt Calvary	Cemetery Anne Arundel Cty., Md.
25A. DATE REC'D BYMEANTH DEPT. 25B. NAME OF REGISTRAR	
EB 23 1971 Vaber E. Varber, Pale.	Wm C March 928 E. Nobth Av
VS 151-REV. 7/1/68	

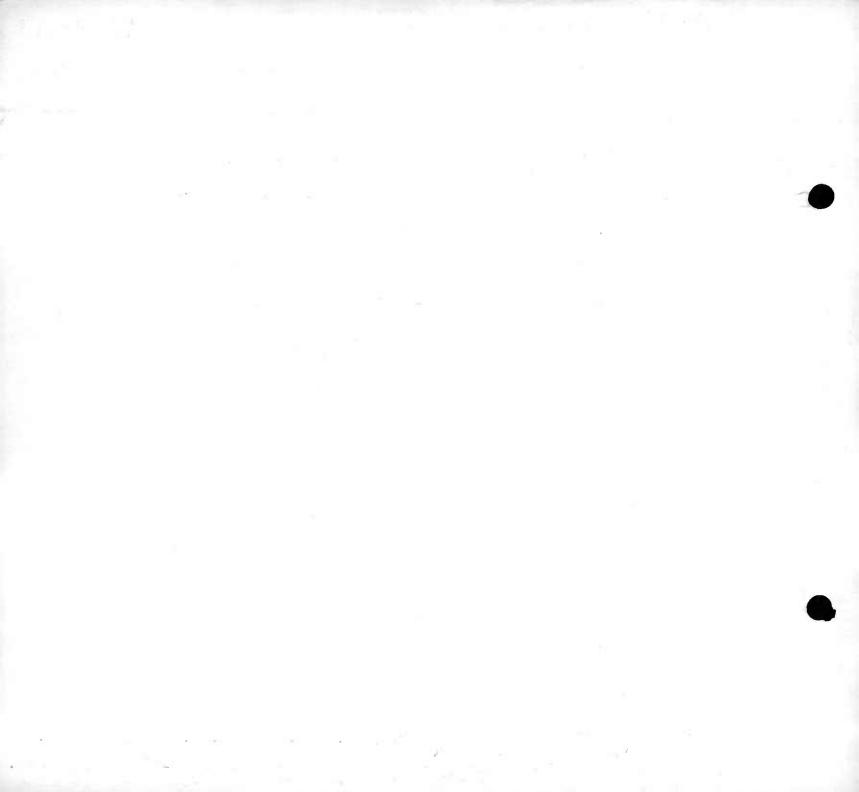
. Turnings . Total potent in washing Laung-20-512 S/Sc/Dl 1 to Celvery Ceretery Anne Arundel Cty. s. 1. . ova didios . E HRR morte ill many

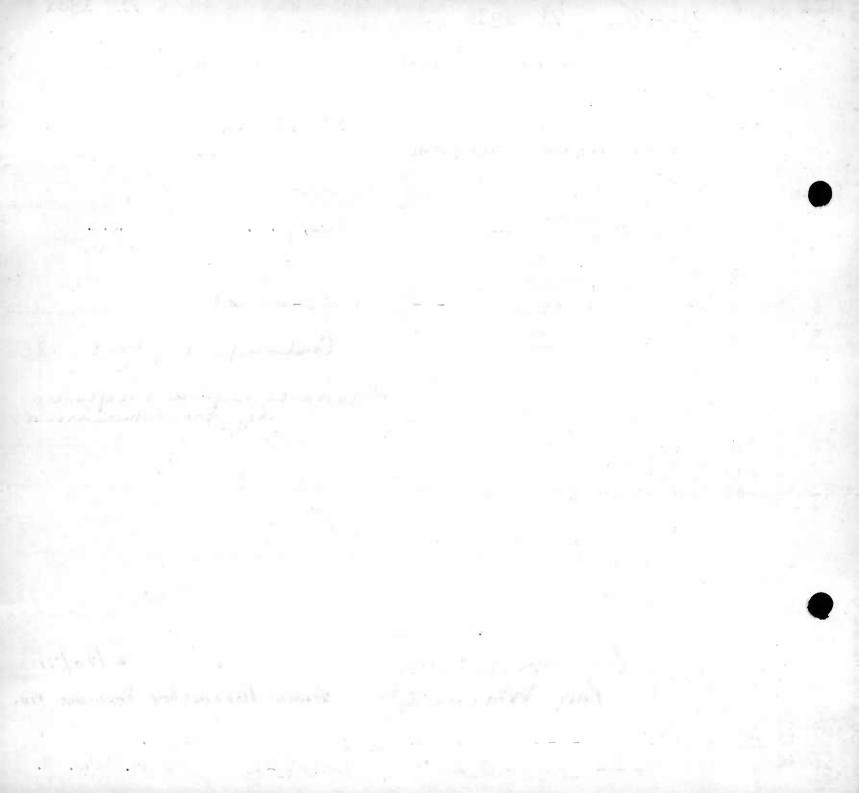


219-36-0788 Mrs. Alberta Anderson 1232 Darley Ave. ASSISTANT MEDICAL EXAMINER SIGNATURE W 2/22/71 **EXAMINER'S** ASSOCIATE MEDICAL EXAMINERY KX Peter Lipkovic, M.D. NAME (Type) 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (State) REMOVAL (Specify) 2/26/ Balto National Cem. Balto.. Burial 25 A. DATE REC'D BY HEALTH DEPT. . .. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Wm 928 E. North Ave. March VS 151-REV. 7/1/68

Bouth wareline Editeral SSSS Bookerun Edwardth . DE BENDAUTHES Administration of the property of the second SAME . AUTEN LANGUAL COM. BELTON, MO. int C Martell 900 T. North Ave.

Adm. 10/2/20 450E Fort AVE. 2/230





FUNERAL DIRECTOR:

by

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours !

U.S.A

ADDRESS

same

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

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***** 7.7

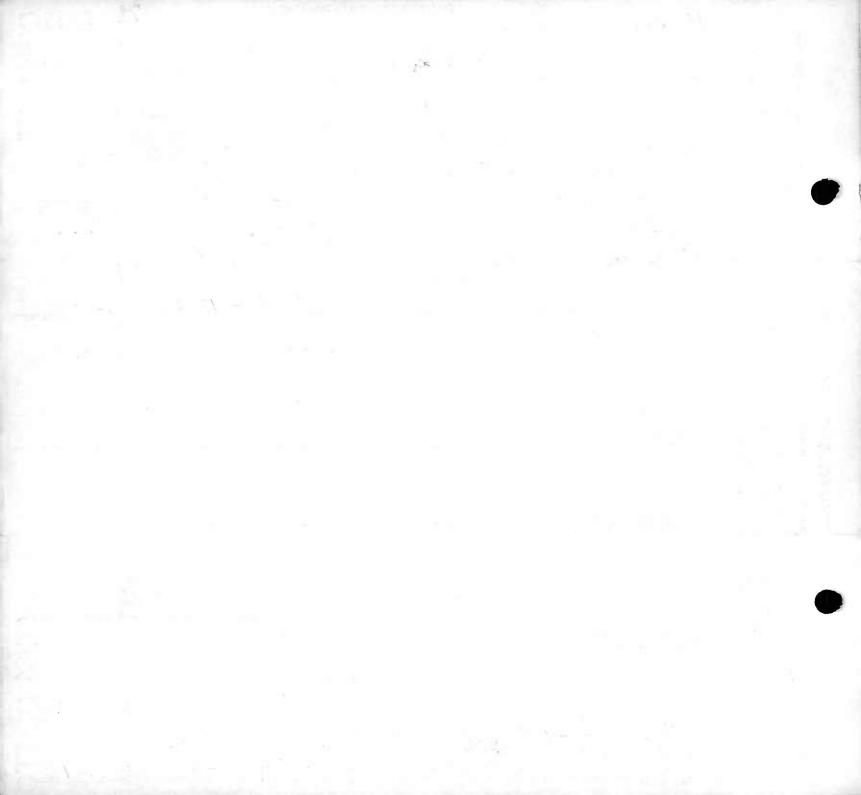
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BIF	RTH NC.		MILL	ICAL	. L	WAIIIAFK 2	LKIIIK	LAILO	DEAT	REG. NO		
і. (Туі	NAME OF DEC	EASED	JOSEPH			LUITCH 7	2. DATE OF DEATH	Known X	Month	Doy lary 17,	Yeor 1971	Hour
FUL	PLACE IN BAL L NAME OF SPITAL INSTITUTION			HERE P	RONO		3. DATE PRONOU	NCED DEAD	Month Febru	Day	Yeor 1971	6:35 P. M.
0	0	413 1	N. Mont	ford	Ave	enue	A. STATE	Mary1		B. COUNTY	residence	efore odmission)
6. 5	SEX Mala	7. RACE		8. MARR		NÉVER MARRIED	C. CITY OR			D. INSIDE CIT		
	Male DATE OF BIRTH		10. AGE (In	veors	If Unc	der 1 Yr. If Under 24 Hrs. s. Doys Hours Min.	E. STREET A	ND NUMBER		ord Avenu		NO L
11.	Penna.		on country)			TIZEN OF HAT COUNTRY?	13. FATHER'S		TIONELL	ru Aven	16	
14A done	USUAL OCCUI	PATION (Giver orking life, ev	e kind of work en 11 retired)	0 1		usiness or industry em Steel	15. MOTHER	'S MAIDEN N	AME			
16. (Yes	WAS DECEASI	(Il yes, given	U.S. ARMED	FORCES I service)	17. SOCIAL SECURITY NO.	18. INFORM Joseph		alovito	AD h - 3537	DRESS	Wav-21213
	19. 4/2	7.41				CAUSE OF DEA	Н				API	PROXIMATE INTERVAL
	(This does no heart foilure,	EADING TO	DEATH mode of dyl the three characters in the coursed decoursed de	ng, e.g.,		Arterios (A)IMMEDIATE C DUETO, OR A			ovascula	r diseas		
CERTIFICATION	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGN TO THE DEA	ABOVE CAN IG CONDITION IFICANT CON TH BUT NOT	ONS, IF ANY	NTRIBUI	ING INAL	(B) DUE TO, OR (C)	AS A CONSEQ	UENCE OF:				
CERTI						HICH OPERATION WA	S PERFORMI	D			21. AUTO	PSY? (Yes or No)
1	22A. FXTERN	111 011100										Yes
EDIC	UNDERLYING UTING CAL	JSE OF DEA	TRIB-		home,	ACE OF INJURY(e.g., lorm, loctory, street, office	in or oboui 22 bldg., eic.) IN	C. WHERE DID JURY OCCUR?	(Il in Boltimor	e City, give exoc	location)	
	OF INJURY (APPROX.)	Month) (D	ooy) (Yeor	(Hour	WH	EINJURY OCCURRED NOT AT W	WHILE -	F. HOW DID I	NJURY OCCU	R?		
	result ACTUAL SIGNATU EXAMINE	RE CO	larls	D.	Ac	Inspection Autorident Suicid	C ASSIS	and that on nicide HIEF MEDICAL TANT MEDICAL	Undetermin EXAMINER EXAMINER	death in my o]	DATE SIGNED
	NAME (T. A. BURIAL CREA MOVAL (Specification)	(ATION, 2	2-22-71	5.75	24C	NAME of CEMETERY Baltimore (en		24C	LOCATION Balts	(City, town,	or county)	(Stote)
25/	A. DATE REC'D	BY HEALTH I		25B. N	AME C	OF REGISTRAR	25C. FI	JNERAL DIRECT	TOR	ADI	DRESS	?d21206
VS	151-REV. 1/1/68			1	Sept.	00	0 1	0 3 3	}			

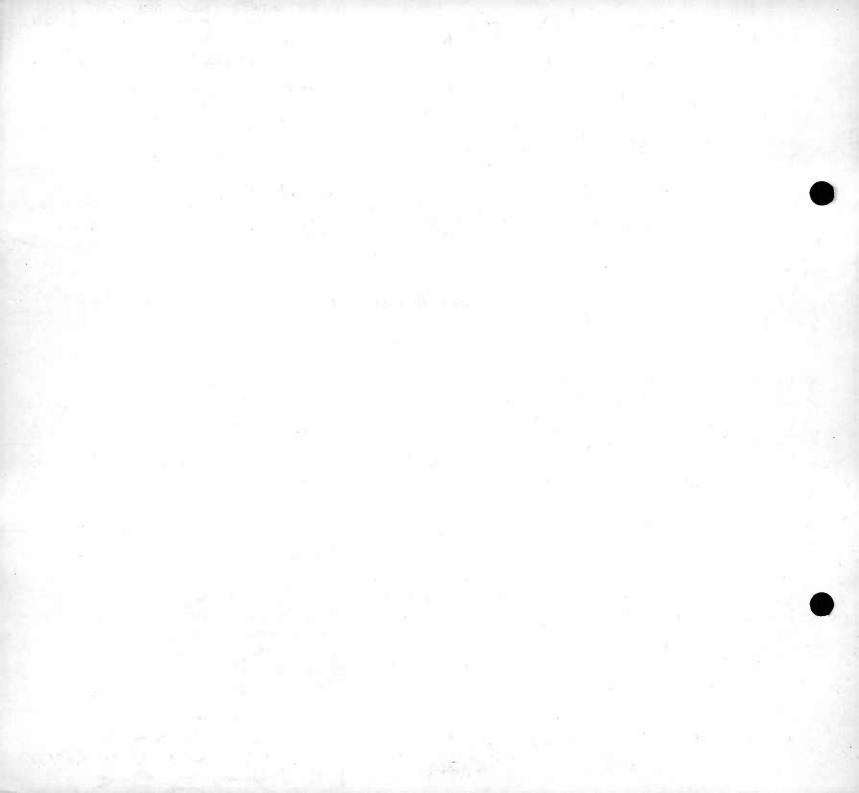
FUNERAL DIRECTOR:

BI	m cad	BALTIMORE CITY	HEALTH DEPARTMENT	71 1000
	// - 600 71	1835 CERTIFICA	TE OF DEATH REG. NO	1839
		= 0. MUIR	2. DATE AND HOUR OF DEATH	711 9:30 P
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PA	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived If	institution: residence before admission)
13. FATHER'S I 10A. USUAL O dose during mos HOME 13. FATHER'S I 15. Wes Decea (Yes, no of unknown) 18. DISI (This does heart failu injury ar of DISEASES rise fa UNDERLY: UNDERLY: 21A. ACCI OR CONTR DEATH (no DISEASE O) 19A. DATE 19A. DATE 21A. ACCI OR CONTR DEATH (no CAPPROX.) 22. 1 certi that (1) (w and hour 23A. SIGNA 23C. PHYSIC NAME 24A. BURIAL C REMOYA BURIAL 24A. BURIAL C REMOYA 24A. BURIAL C REMO	ULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	Md. Raito.	5300
1	7/200		RAIL	
1	///pague Ho	ShITZL	E. STREET AND NUMBER	1E3 NO
===	SEV KRACE / 170			
"	- I I I		B. DATE OF BIRTH 9. AGE (In years last birthday)	Months Days Haurs Min.
1			1-22-95 75	
do	se during most of working life, even if retired}	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
1	Tome Naker		Baltimore Nd.	U.S.A.
BERT NO. 1835 CERTIFICATE OF DEATH REG. NO. 1835 1845 1855 CERTIFICATE OF DEATH REG. NO. 1855 1856				
	(DEORGE Vott	THE REST TO THE REMIND OF BUSINESS OR INDUSTRY 11. BERNHALE (Side or Insering country) CAUSE OF DEATH		
15.				
		SECURITY NO.	44	\ WDD#E22
STREET AND NUMBER STRE	son Ave 21234			
li -	18.4/0191	CAUSE OF DEATH		APPROXIMATE INTERVAL
ji –			Act 1	101
-				al sular ation
	heart failure, asthenia, etc. It means the disc	e.g., DUE TO, OR AS A	A CONSEQUENCE OF:	
		·	0	
	ANTECEDENT CAUSES	(n)	(augustive Heart	tailers
	DISEASES OR CONDITIONS, if any, gi	iving DUE TO, OR AS	A CONSEQUENCE OF:	
		Ine	ASCUTO	
	ONDERENING CONDITION IGSE	(C)		***************************************
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	ING		
16	TO THE DEATH BUT NOT RELATED TO THE TERMIN	NAL		
2	19A-DATE OF OPERATION 119B. CONDITION I	FOR WHICH OPERATION	20A. AUTOPSYZ (Yes of No.) 20B. IF YES WERE	FINDINGS CONSIDERED
N.	WAS PERFORMED			USES OF DEATH?
ΙE	21A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.g., in	/ ()	TOOLS OF BEATITE
CERT	OR CONTRIBUTING CAUSE OF		or about 21 C. WHERE DID III in Rallima	
	DEATH (notify medical examined	home, form, foctory, street, old	or a bout! 21 C. WHERE DID (If In Baltima lice bldg., INJURY OCCUR?	
ZA CA	DEATH (nolity medical examined)	elcJ		
CAL	21D-TIME (Menth) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
CAL	21D-TIME (Menth) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?	
CAL	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJURY OCCUR?	re City, give exact location)
CAL	21D-TIME (Menth) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital) attend	21E INJURY OCCURRED While At Not While At Work Red the deceased from	21F. HOW DID INJURY OCCUR?	re City, give exact location)
CAL	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive	21E INJURY OCCURRED While At Not While At Work an 2 7	21F. HOW DID INJURY OCCUR? 19 7 and that In(my) (aur) op	re City, give exact location)
ZA CA	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive and hour and fram the causes stated abov	21E INJURY OCCURRED While At Not While At Work an 2 7	21F. HOW DID INJURY OCCUR? 19 7 and that In(my) (aur) op	Inlon death accurred an the date
CAL	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive and hour and fram the causes stated abov	21E. INJURY OCCURRED While At Not While At Work an 2 re. (1) (We) (did) (did not) vi	21F. HOW DID INJURY OCCUR? 19	Inlon death accurred an the date
ZA CA	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive and hour and fram the causes stated abov 23A. SIGNATURE	etc.] 21E INJURY OCCURRED While At	21F. HOW DID INJURY OCCUR? 19	Inlon death accurred an the date
CAL	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive and hour and fram the causes stated abov 23A. SIGNATURE	etc.] 21E INJURY OCCURRED While At	21F. HOW DID INJURY OCCUR? 19	Inlon death accurred an the date
ZA CA	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive and hour and fram the causes stated abov 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type)	21E. INJURY OCCURRED While At Not While At Work led the deceased from	21F. HOW DID INJURY OCCUR? 19	Inlon death accurred an the date
MEDICAL	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive and hour and fram the causes stated abov 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type)	21E. INJURY OCCURRED While At Not While At Work ded the deceased from	21F. HOW DID INJURY OCCUR? 19 7 ta	Inlon death accurred an the date
MEDICAL	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive and hour and fram the causes stated abov 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE 24REMOYAL, (Specify)	21E. INJURY OCCURRED While At Not While At Work ded the deceased from	21F. HOW DID INJURY OCCUR? 19 19 1a 19 1a 19 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	Inlon death accurred an the date
WEDICAL	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive and hour and fram the causes stated abov 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE REMOYAL, (Specify) DUNCAL	21E. INJURY OCCURRED While At	21F. HOW DID INJURY OCCUR? 19	Inlon death accurred an the date
WEDICAL	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive and hour and fram the causes stated abov 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE REMOYAL, (Specify) DUNCAL	21E. INJURY OCCURRED While At	21F. HOW DID INJURY OCCUR? 19	23B. DATE SIGNED 23B. DATE SIGNED 219 719 710 1010 death accurred an the date 23B. DATE SIGNED 210 2110 (State) 1110 January ADDRESS
WEDICAL	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive and hour and fram the causes stated abov 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE REMOYAL, (Specify) DUNCAL	21E. INJURY OCCURRED While At	21F. HOW DID INJURY OCCUR? 19	Inlon death accurred an the date 23B. DATE SIGNED 2 / 7 / 23B. DATE SIGNED (State) ADDRESS



DIRECTOR:

FUNERAL



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

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USA

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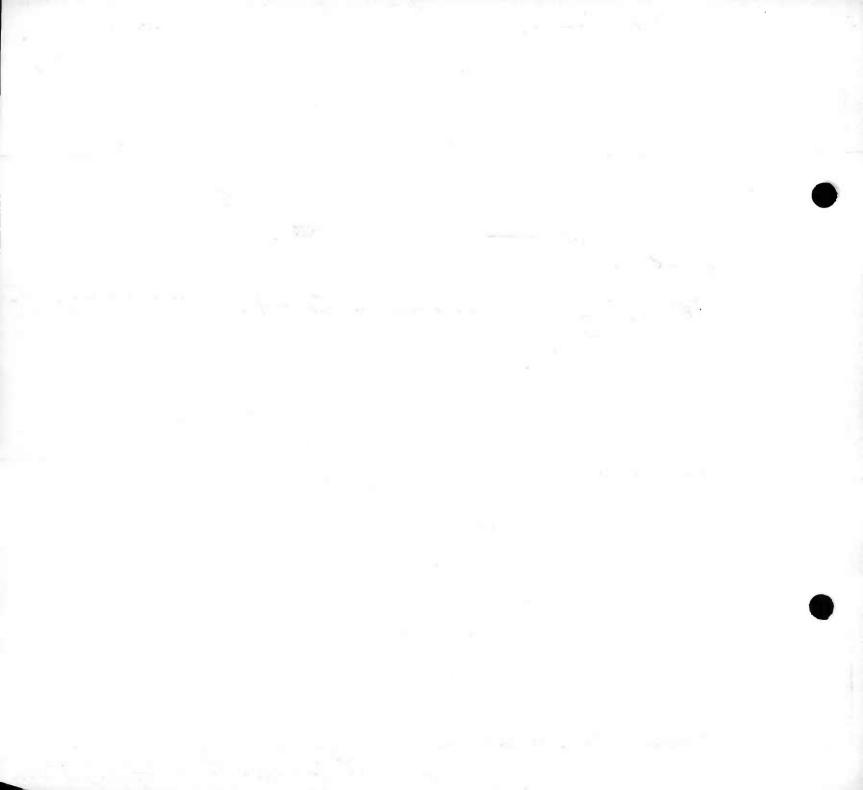
APPROXIMATE INTERVAL

(Stote)

Not

ADDRESS YORK Road

Il Under 24 Hrs.



Multiple injuries (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart lailure, asthenio, etc. it means the disease, injury or complication which caused deoth.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES (8) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE A8OVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)_ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION | 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) EXTERNAL CAUSE WAS 228.PLACE OF INJURY(e.g., in or about 22C. WHERE DID (II in Boltimore City, give exect location) home, farm, loctary, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. street Hammonds Ferry Rd. 411' so. Ensco Ave. 22D. TIME (Month) (Day) (Yeor) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE (APPROX.) 2-19-71 1:52Ran off road and struck bridge abutment. I certify that I held an Inquiry ___ Inspection Autopsy ond that on this basis, death in my opinion resulted from Notural causes Accident X Suicide Homicide Undetermined manner

M.D.

24C. NAME of CEMETERY or CREMATORY

Woodlawn Cemetery

Ísidore Mihalakis, M.D.

258. NAME OF REGISTRAR

ACTUAL

SIGNATURE.

EXAMINER'S

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

248. DATE

2-23-71

24A. BURIAL CREMATION,

REMOVAL (Specify)
Burial

VS 151-REV. 1/1/68

CHIEF MEDICAL EXAMINER

24D. LOCATION

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

DATE SIGNED

2 - 19 - 71

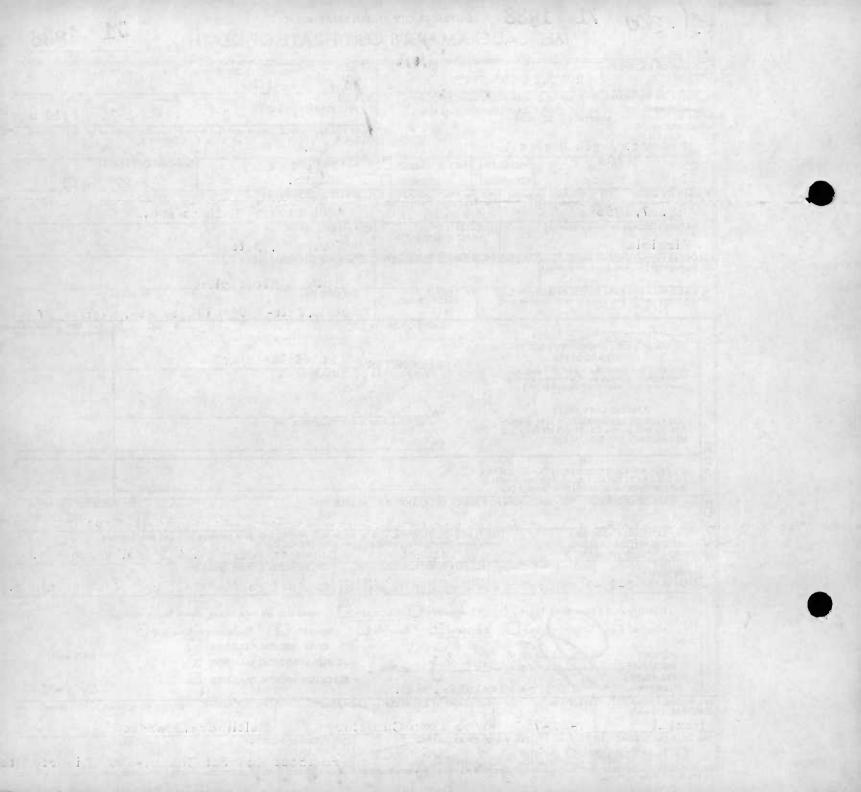
(Stote)

(City, town, or county)

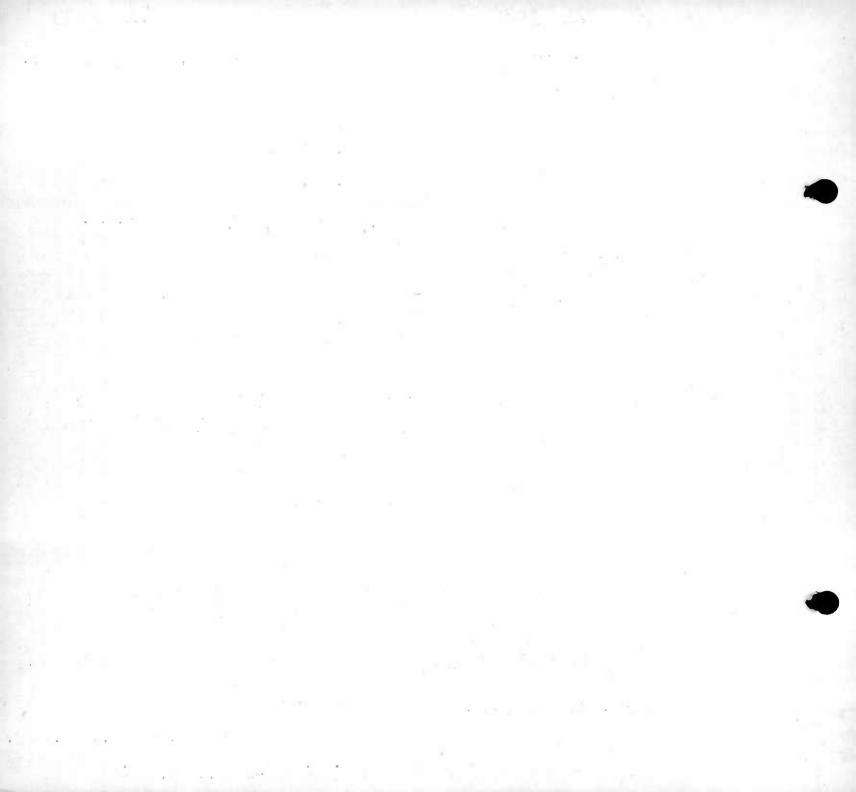
ADDRESS

Baltimore, Maryland

Armacost Funeral Chapel-4600 Liberty Hts



	11 -1/3 71 1020 BA	LTIMORE CITY	HEALTH DEPAR	RTMENT		71	1020	
BER	H-540 71 1839 C	ERTIFICA	TE OF DE	ATH	REG. NO	La	1802	
1. N (Ty)	Pe or Printh Alfred S. Hunley			2. DATE AND HO Februar	y 21, 1	971	9:20	P.
FU	KACE IN RAITIMORE MARYLAND, WHERE PRONOUNCED DE KESWICK: Home for incur LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GOSTITUTION ADDRESS OR LOCATION)		A. STATE Marylan C. CITY OR TOW Baltimo	DENCE (Where dece B. COUNTY d	D. INSI		202	missi
10A	N. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINES	DIVORCED		(State or foreign cou			Yr. If Under	Min
	Retired President SolmsonSo FATHER'S NAME William R.B. Hunley	Creen Co	14. MOTHER'S A					
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOC	AL 2418 49097	17. INFORMANT	n Lane Keswick	700 Ŵ.		ADDRESS Street	
7	(This does not mean the mode of dying, e.g., heart laiture, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.	Bon	A CONSEQUENCE	Parcella	Throw	ied	2 ce	sk.
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OWAS PERFORMED	PERATION	20A. AUTOPSY	(? (Yes or No) 20B.	IF YES, WERE CERTIFYING CA	FINDINGS C	CONSIDERED EATH?	
CAL CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE CONTRIBUTING CAUSE OF OF INJURY (e.g., i foctory, street, of	n or obout 21 C. WI	HERE DID OCCUR?	(If in Boltimor	re City, give	exact location)		
	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY (APPROX.) While At Work	OCCURRED Not Whill Al Work	e 🗀	W DID INJURY C	CCUR?			
	22. I certify that (I) (this haspital) attended the decethat (X(we) last saw the deceased alive an	feb	13 ME.	1		nion deoth	occurred on t	the c
(and hour ond from the causes stated obove (1) (We) (0 23A. SIGNATURE Like 2 . Relandance	Atte Phys	nding Me	. /		23B. DATE	SIGNED ED19	1
244	23C.PHYSICIAN'S NAME (Type) Aubroy D Richardson M D REMOVAL (Specify) A. BURIAL CREMATION, 1248. DATE 24C. NAME of C	OEGREE EMETERY OF CRE	700 W	. 40th Str		ity, town, or	county)	(Stote
25/	KENTO VAL (Specify)	id Ridge		Pikes L DIRECTOR Jenkins			4905 Y	, l
VS	150-REV 1/1/68			Balt	o., Md.	- 2121	-	_



VS 150-REV. 1/1/68

4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) D. INSIDE CITY LIMITS? YES T If Under 1 Yo. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Mrs. Harry C. Dorfler Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 238 DATE SIGNED (City, town, or county) Woodlawn Balto., Co., 258 NAME OF REGISTRAR 25C, FUNERAL DIRECTOR 4905 York Road Balto.,

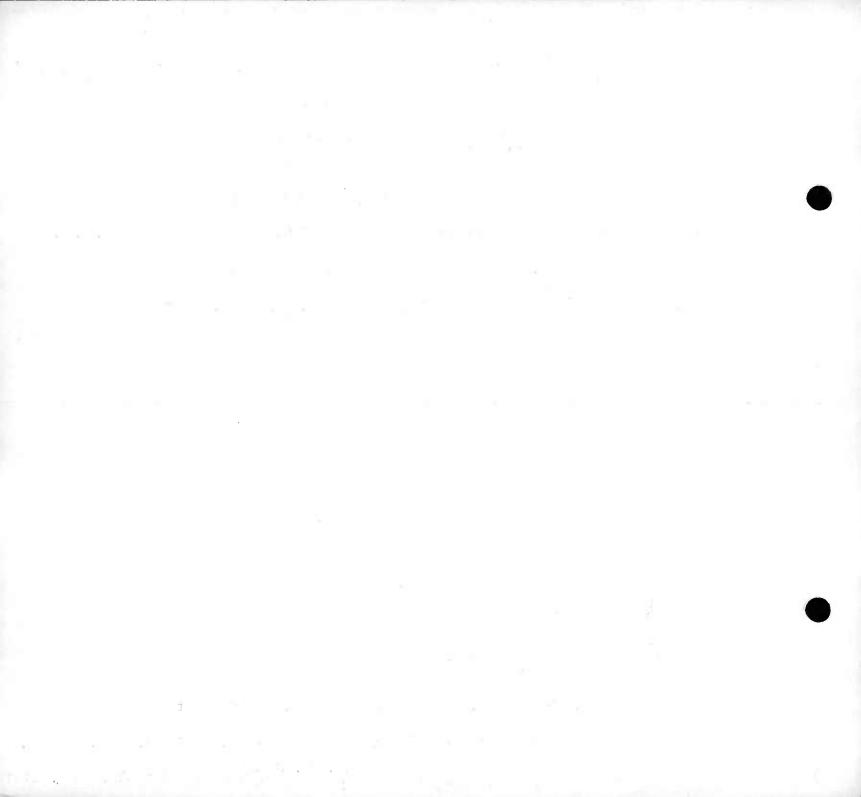
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If Under 24 Hrs.

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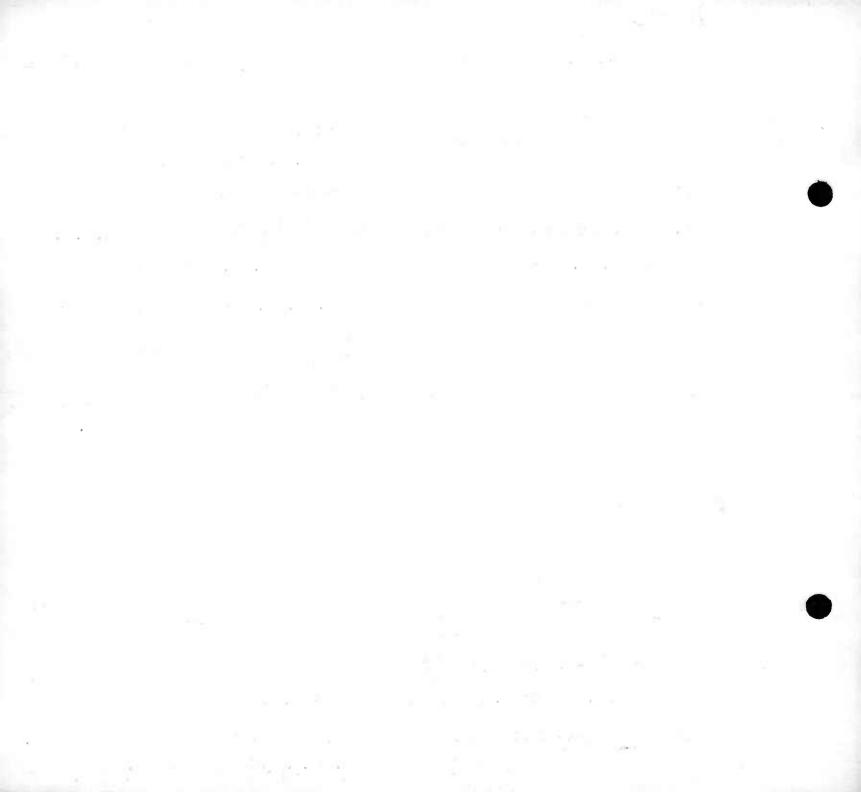
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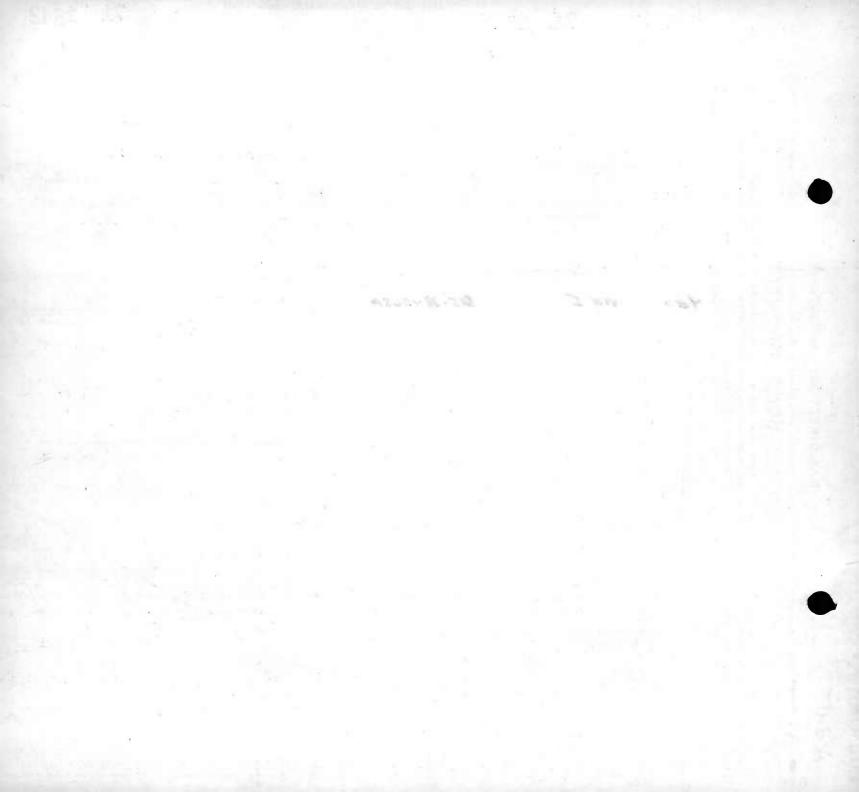
DIRECTOR:

FUNERAL



DIRECTOR:

FUNERAL





	BALTIMORE CITY HEALTH DEPARTMENT									
- 11	BERTIFICATE OF DEATH REG. NO. 71 1844									
	Type or Print Total Control Co									
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY									
	FULL NAME OF ADDRESS OR LOCATION) FULL NAME OF ADDRESS OR LOCATION) OR STATE B. COUNTY A. STATE B. COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS?									
	3911 Second Street Baltimore YES NO									
	SEX 6. RACE 1/2 MADER 3911 Second Street									
	6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours lost bisthdoy) WIDOWED DIVORCED 1896 1896 1001									
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?									
ī	Housewife - Greece Greece									
	3. FATHER'S MAIDEN NAME									
	Unknown 5. Wos Deceased Ever in U. S. Armed Prices? 916. SOCIAL 17. INFORMANT ADDRESS									
	es, no or unknown lift yes, give wor or doles of service SECURITY NO.									
	No CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH									
	DISEASE OR CONDITION DIRECTLY									
	This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE MY OCAY dial rufation									
	heoti foilure, osihenio, etc. Il meons the diseose, injury or complication which coused death.] DUETO, OR AS A CONSEQUENCE OF:									
	ANTECEDENT CAUSES (B) COYONAYY Reart disease									
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF									
	underlying condition lost. (c). Atheroseleroses.									
	ATHER CICAMETER AND COMPANY CO									
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									
100000000000000000000000000000000000000	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
- 11	12 M FEACE OF INJURY (Edge III of 0000) 21 C. WHERE DID									
130	(1) P. 1145 (A. 1) (B. 1)									
	DF INJURY (Month) (Doyl 1Yoor) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While Al Work Al Work									
22. I certify that (i) (this hospital) attended the deceased from 2 / 7 - 19 7/ to 2 - 20 - that (i) (we) last sow the deceased alive an 2 - 20 - 19 7/ and that in(my) (aur) opinion death accurred a										
										and haur and from the causes stated above. (1) (We) (dld) (stat not) view the bady after death.
236. SIGNATURE 238. DATE SIGN										
	23C. PHYSICIAN'S NAME ITypel A 1 0 1 0 5 6 6 0 0 1 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1									
	MARIO C. COMAS 203 E. PATAPSCO AND Ballo Red.									
2	REMOVAL ISpecify! 24D. LOCATION (City, town, or county) (Stole)									
2	A DATE ASCIDENTIAL DESCRIPTION OF A DATE OF THE PROJECT OF THE WAY									
	TEB 27 HAUTE DEFINE ALL SEE NAME OF REGISTRY NICHOLDS 1 5 Matthews									
1	180. PEV 10/48 Ry Itime a Mai									

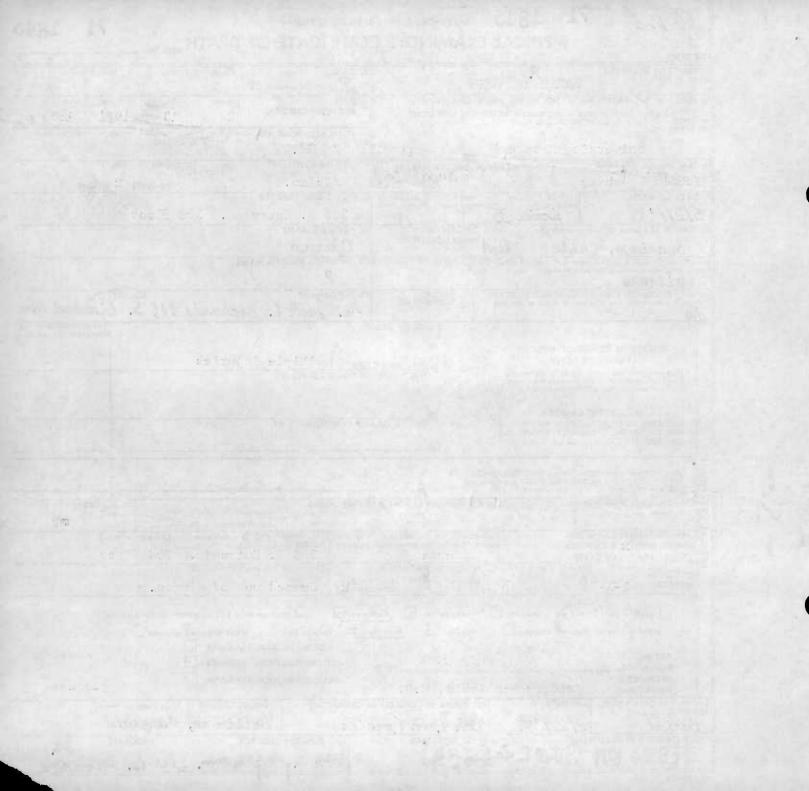


R-263 71 1845 BALTIMORE CITY HEALTH DEPARTMENT

71 1845

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH R
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MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.										
I. NAME OF DECEASED (Type or Print) SARAH RICHARDS	2. DATE Known Month Day OF DEATH Estimoted	Yeor Hour									
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Hour									
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	PRONOUNCED DEAD 2 13 5. USUAL RESIDENCE (Where deceased lived. If institution: r.	1971 1:55 p _M									
3 8 University Hospital	A. STATE Md. B. COUNTY	2101									
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?									
female white widowed Divorced	Balto. YES	⊠ NO □									
9. DATE OF BIRTH 10. AGE (in years H Under f Yr. II Under 24 Hrs. Months, Days Hours Min. 6/21/35	e. STREET AND NUMBER 208 S. Eutaw St. 3rd floor										
If. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME										
Santiago, (hile USA WHAT COUNTRY?	Oyanzun										
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Waitness	15. MOTHER'S MAIDEN NAME										
16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wor ar doles of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADD Mr. Jack L. Richards 115 S.	RESS Linwood Ave									
19. CAUSE OF DEA'	1	APPROXIMATE INTERVAL									
DISEASE OR CONDITION DIRECTLY Militial original of											
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. it means the disease, injury or complication which caused death.)											
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (b) DUE TO, OR COLUMN											
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA											
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 2	Yes or No)									
22A. EXTERNAL CAUSE WAS UNDERLYING □ CONTRIB- UTING □ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office home) 12B. PLACE OF INJURY (e.g., home, form, foctory, street, office home)	in or about 22C. WHERE DID (If in Baltimore City, give exact bldg., etc.) INJURY OCCUR? 208 S. Eutaw St. 3rd f	locollon) 2/0/									
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOWDID INJURY OCCUR?										
OF INJURY APPROX.) 2-13-71 pm. WHILE AT NOT WHILE WORK Jumped out of window.											
Certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Natural couses Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER											
										ACTUAL Muhalahora Ma	DATE SIGNED
SIGNATURE											
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER	2-14-71									
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY Burial 2/22/171 Oak Lawn Cem	or CREMATORY 24D. LOCATION (City, lown, o etery Baltimore, Maryl										
Burial 2/22/171 Var Lawn (em 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DECC									
FEB 24 1971 Paled E. Valley R. J.	John A. Moran, Inc. 3000 E	. Daltimore									
VS 151-PEV 1/1/68	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and will									

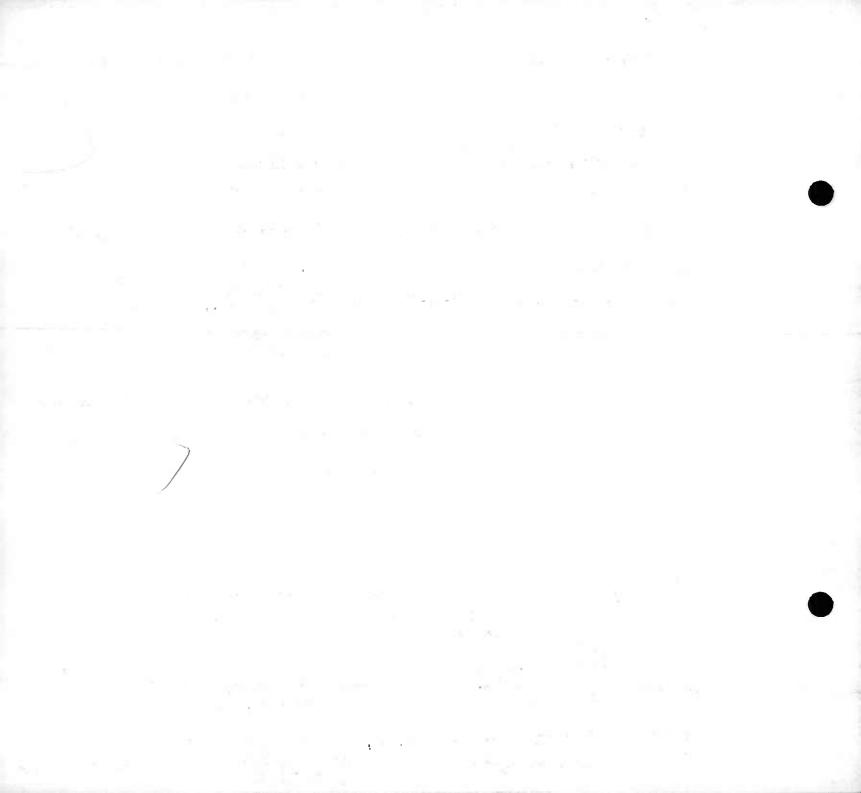




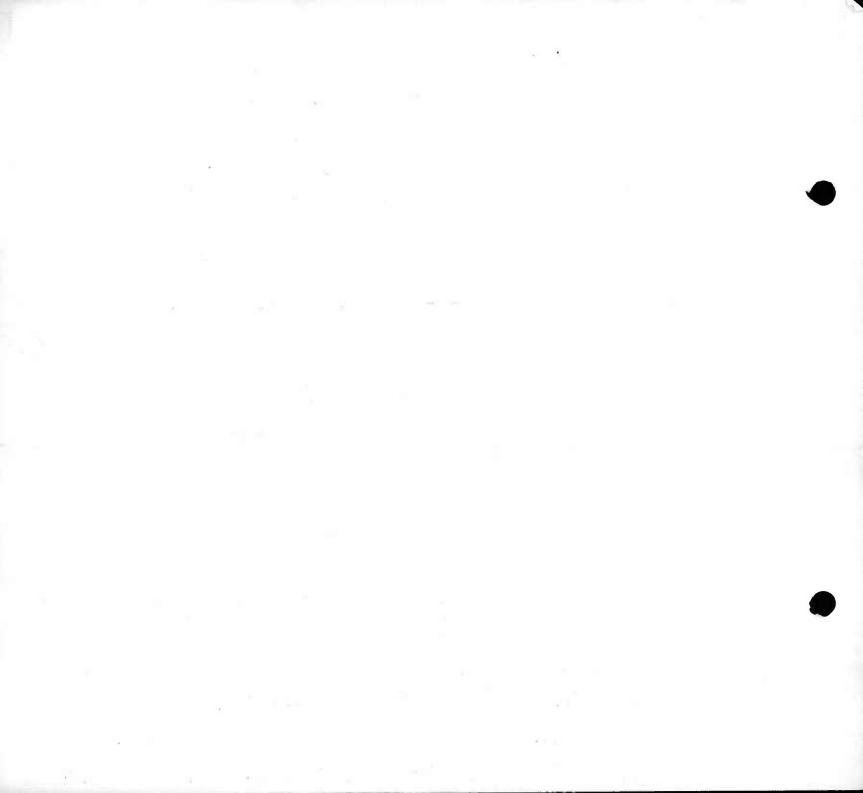
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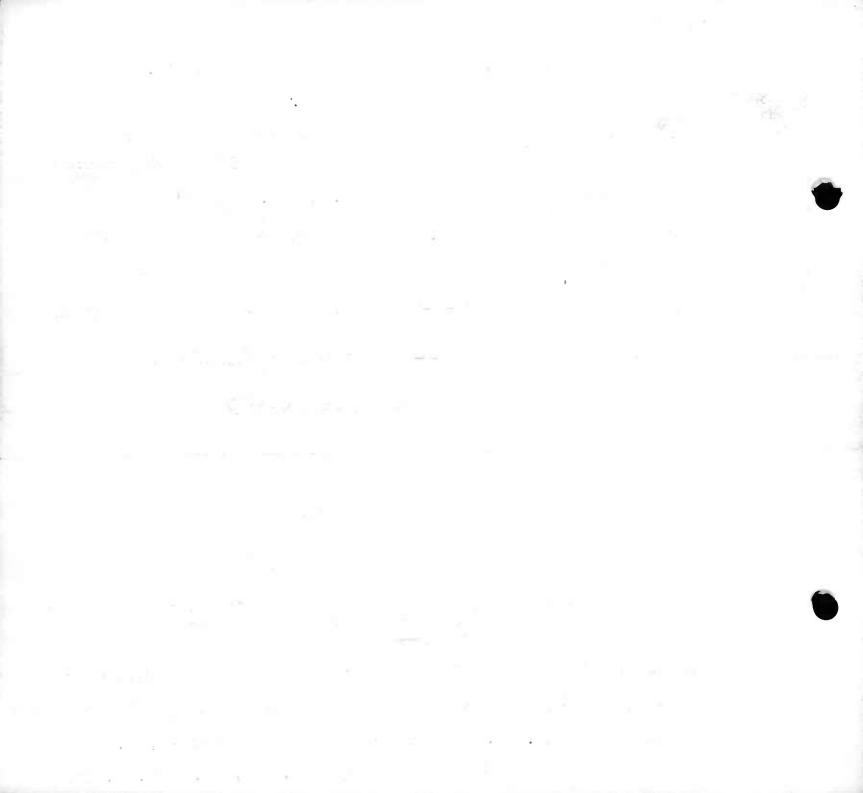
FUNERAL DIRECTOR:

BIRTH	-230 H NO.	71	1847	7			ALTH DEPARTME OF DEA		REG. NO	71	1847
I.NA	ME OF DECI	et, Ronald	Lee						NO HOUR OF DEATH	71	9:30 P
3. PL	ACE IN BALT	MORE MARYLAND	, WHERE PR	ONOUNC	ED DEAD	4.	USUAL RESIDENCE	E (Whe	re deceased lived. If	institution	residence before admission
HOS	L NAME OF	(IF NOT IN HO ADDRESS OR L	SPITAL OR II	OITUTITZN	N, GIVE STREET		Maryland CITY OR TOWN	. COUN	rroll		5627
10		terans Adm	inistra	tion	Hospital	"	Westminis	ter	D. IN	SIDE CITY	
di		00 Loch Ra				E.	STREET AND NU			YES X	мо
		altimore.					171 Linco	In R	ond		
5. SEX		6. RACE			NEVER MARRIED	1 8. E	ATE OF BIRTH		9. AGE (In years	II Und	er 1 Yr. II Under 24 Hrs.
	Male	White		WED .	DIVORCED	≒ -	11/20/38		lost birthdoy)	Months	er 1 Yr. Il Under 24 Hrs. Doys Hours Min.
10A, U	JSUAL OCCU	PATION (Give kind of	Work 108, KIN		SINESS OR INDUS	TRY 11.	BIRTHPLA CE (Stote	or lotei	ion country!	12 CIT	IZEN OF WHAT COUNTRY
ODNO C	Clerk	Corking die, even it reit.	00)		Servi c e		Westminis				L.S. A.
13. FA	THER'S NAM	(E				14.	MOTHER'S MAID	EN NA	ME		
		H Gist					Hilda I. H	off			
15. We	as Decaased to or unknown)	Ever in U. S. Armed Il yas, give wor or	Forces?	[ce] 16.	SOCIAL SECURITY NO	17.	WA HOSpite	1 R	ecord's		ADDRESS
	Yes	8/1/56 - 1		2	SECURITY NO. 14-39-776	8 80	Of Lock Pr	T VC	Blvd., Bal	to Ma	
18	. 2 5	1,0			CAUSE OF DE		oo hoen ne	rvell	DIVU., Dal	CO PAG	APPROXIMATE INTERVAL
	DISEASE	OR CONDITION	DIRECTLY				Acute p	ancr	eatitis		BETWEEN ONSET AND DEATH
	t	EADING TO DEA	TH		(A)IMMEDIATE	CALIFE	and gas				one day
l lu	east tollure, a	t meon the mode esthenio, etc. It me dicotion which cou	ans the dise	e.g., ase,	DUE TO, OR	DUE TO, OR AS A CONSEQUENCE OF:					
		SES	Acute	1100	holic int	owi c	ation		4		
٥	SEASES OF	if onv. oi	(B) DUE TO, OR	AS A C	holic int	OXIC	acton		two days		
ris	se to the	above cause (CONDITION lost,	A) slaling	the			coholism		***************************************		
-		11			Liver	cirr	irrhosis and				
ATIO	D THE DEATH ISEASE OR CO	ANT CONDITIONS (BUT NOT RELATED TO NOTION GIVEN IN I	O THE TERMIN	IAL	****************	hic	ic seizures				
E	2		PERFORMED	OR WHIC	H OPERATION		YES	s or No	208 IF YES WERE IN CERTIFYING CA	FINDINGS AUSES OF	CONSIDERED DEATH?
. 0	R CONTRIBUT	WAS UNDERLYING ING CAUSE OF nedicol exomined	3 <u> </u>	218. PLAC home, far etc.)	CE OF INJURY (e., rm, foctory, street,	g, in or office i	bout 21 C. WHERE INJURY OCC	DID UR?	(il tn Boltimo	re City, giv	e exoct locotion)
211	D. TIME (Monthi (Doyl (Ye	oil (Houd)		JRY OCCURRED		21F. HOW D	ID INJU	JRY OCCUR?		
Z (A	PPROX.)			While At	Noi W	/hile					
22	cartifu al	hat (N (this hospi	tal) attau t				ruary loth) -	9 71 to Feb	ruary	16th 71
the	at (1) (we) 1	ast saw the dece	sed alive	n Fel	bruary 16	th	19 71	and the	7,77(7		th occurred an the date
On	d hour ond	from the couses s	tated abave	20-QQ (We	e) (did) (did) for	View	the bady after d	eath.			
23/	A. SIGNATUR	,/			4					238, DAT	E SIGNED
230	C. PHYSICIAN	nama	150	ay	MD DEGREE	hys.	☐ Director		Shaff Phys.		ruary 17, 1971
	NAME (Typ	el	Tom			230.			Raven Bou		
24A. B	URIAL CREM	ATION INTE	Farag	. NAME	of CEMETERY of	CREMAT			Maryland	21 21 8	
	Burial	2/19/1								49	
25A. D	ATE REC'D B			APPE H	ark Meth.	2	5C. FUNERAL DIR	COP		ain St	Maryland repess ne Westminster
VS 150	DEV. 1/1/69			and the			Thomas D.	t. Ter	cher Funer	al non	TO MESCHITTIPOEL



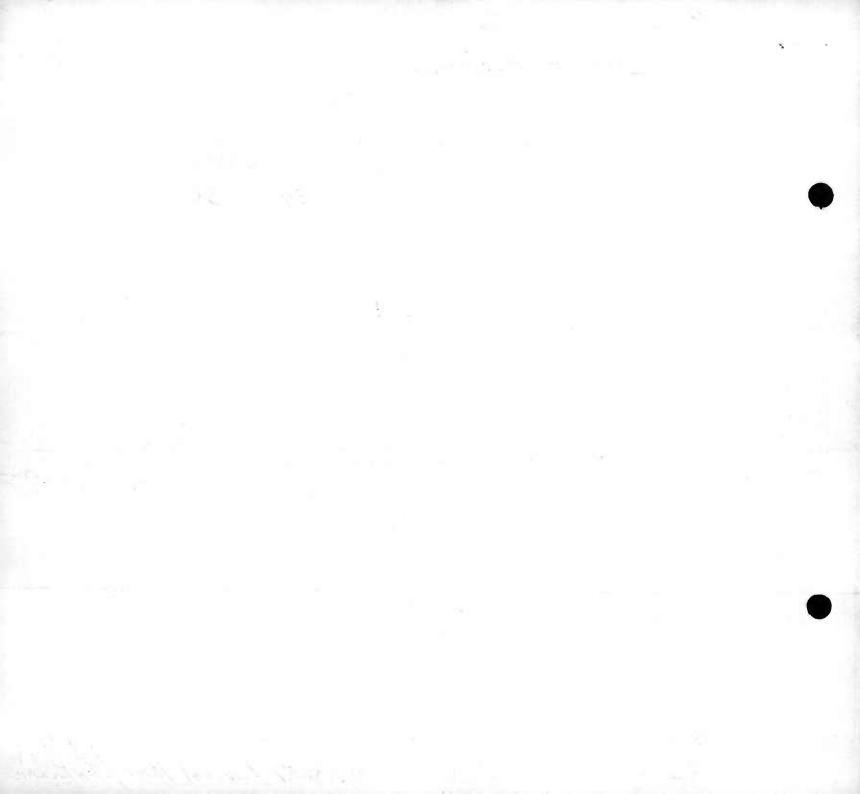
1/1/2- 514 4040 1	BALTIMORE CITY	HEALTH DEPARTMENT		71	1848				
H-435 71 1848	CERTIFICA	TE OF DEATH	REG. NO	7.1.	1040				
1. NAME OF DECEASED (Type or Print)			ID HOUR OF DEATH						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED		Feb	22 1971						
MARILAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (Whe	11	stitution: residenc	e before admission				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET		TO THE REAL PROPERTY.	17	4/4/				
INSTITUTION		C. CITY OR TOWN	D. INSII	DE CITY LIMITS?					
UU IIIION MEMORIAI HOODITA	T .	BALTIMORE E. STREET AND NUMBER		YES XX	NO 🗌				
49 UNION MEMORIAL HOSPITA	14		A ===						
5. SEX 6. RACE 7. MARRIED X NEV	En MARRIED 🔲	3605 Keene	Ave.						
F Cauc WIDOWED	DIVORCED	April 7, 1897	lost birthdoyi 73	II Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLACE (State of forei	an country)	12. CITIZEN OF	WHAT COUNTRY				
done during most of working life, even il relired) Housewife		Marylar			JSA				
13. FATHER'S NAME					JOR				
August Kamtman		14. MOTHER'S MAIDEN NAM		rauer					
15. Was Deceased Ever in 11 S Armed Former?			Ailla d	rauer					
SEC	URITY NO.	17. INFORMANT		ADDR	ESS				
Company of the Compan	09 - 3720B	Mr. Robert B.	Holden, Sr.	(5	Same)				
/ / - / /	AUSE OF DEATH		. 0-		DXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		16 + 1	n atl	1 SEIWEE	ONSET AND DEATH				
(This does not meen the mode of diving e.g. (A) IMMEDIATE CAUSE YOU'VE THE									
heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death.)	neon multiple deliberio elc il megne the disease								
ANTECEDENT CAUSES	110 Ot.	and the	0 6 1						
DISEASES OR CONDITIONS, if any, giving	DIE TO OR AS	CONSEQUENCE OF:							
ise to the above cause (A) stating the		CONSEQUENCE OF:							
ONDERETING CONDITION TOSE	5)		****************						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************		*						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH O WAS PERFORMED	PERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	NDINGS CONSI	DERED				
			IN CERTIFYING CAU	SES OF DEATH?					
OR CONTRIBUTING CAUSE OF home, form,	OF INJURY (e.g., in foctory, street, olfic	or obout 21C. WHERE DID	(If In Boltimore	City, give exoct !	ocotion)				
Q 21 D. TIME (Month) (Doyl (Yeorl (Hour) 21E INJURY	OCCURRED	21F. HOW DID INJU	RY OCCUR?						
(APPROXI	Not While At Work								
22. I certify that (i) (this hospital) attended the decea		12-12-1	1.1 3	1 5 5	11				
that (f) (we) last sow the deceased alive on	1 / 7	14 .	0 6 to 0	~ ~	19				
and have and from the causes stated above. (1) (We) (a	111/11 1		t in (my) (our) opini	on death accu	rred on the dote				
23A. SIGNATURE	nay (ala nat) Vie	the bady after death.							
Meller - Irel	Attend	ling Med. S	haff hys.	3R DATE SIGNE	2/1/				
23C. PHYSICIAN'S	DEGREE 7"	D. ADDRESS	hys. —	ay us	711				
NAME (Typel MET.VIN FOR THE	Tokell.	D	TD .1	/					
24A. BURIAL CREMATION, 24B. DATE 24C.NAME of C	DEGREE LEMETERY OF CREW	13603 Belair		A					
KEMOVAL (Specify)	od Cemeter			town, or county	(Stote)				
Burial 2/25/71. Parkwoo			Baltimore						
FEB 24 1977 Rober E 30 Bon MAI	A A	25C. FUNERAL DIRECTOR			RESS				
VS 150-REV. 1/1/68		LHONARD J	. RUCK, INC	BALTO),MD				



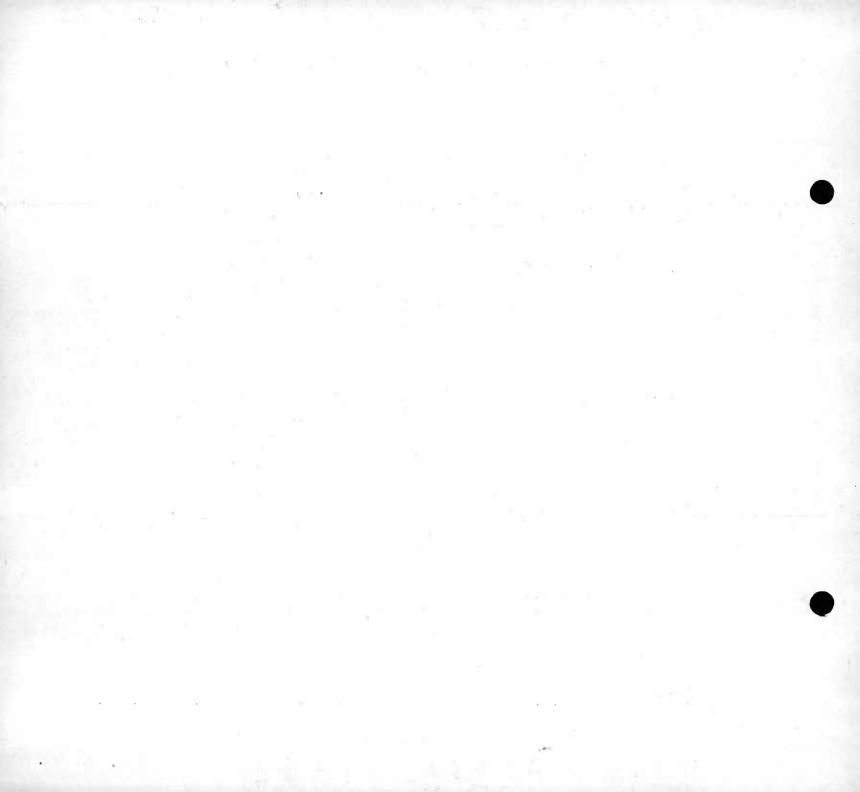


113 Ellert Garage Wille Well

1	2-65	/	4 (100)	BALTIMORE CIT	Y HEALTH DEPA	ARTMENT	X -	1.4	
	RTH NO.	71	185	1 CERTIFICA	TE OF D	EATH	REG. NO.	1.	1851
(Ty	NAME OF DE	GREEME		eroy Cornelius	Jr.	2. DATE AL	19/71		6:15 P
3.	PLACE IN BA	LTIMORE, MARYLAND,	WHERE PR	RONOUNCED DEAD	4. USUAL RES	IDENCE (Whe	ere deceased lived. If in	stitution: 1	esidence before admission
FL	ILL NAME OF	(IF NOT IN HOSP	TAL OR I	NSTITUTION, GIVE STREET	Maryl	and	Baltimore		5300
IN	STITUTION	Veterans Adm	inist	cration Hospital	C. CITY OR TO			DE CITY L	IMTS?
1	23	3900 Loch Ra	ven E	Blvd	Woods	COCA	11163	YES	ио 🔀
(Baltimore, N	laryla	md 21218		Davis A			
j. :	SEX	6. RACE	7- MAR	RIED NEVER MARRIED	8. DATE OF BII		9. AGE (In yeors	If Unde	er 1 Yr., If Under 24 Hrs.
	male	White	WIDO	WED DIVORCED	1-20-2	¢.	last birthday)	Months	Doys Haurs Min.
0/	LUSUAL OCC	UPATION (Give kind of we working life, even if refired)	rk 10B. KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (Slote or fore	ign countryl	12. CITI	ZEN OF WHAT COUNTRY
		upervisor		al Laundry	Maryla	nd			J.S.A.
	FATHER'S NA			,	14. MOTHER'S		ME		
L	eroy C.	Greenwell Sr				ette Ru			
		Ever in U. S. Armed Fo		1 6. SOCIAL				1 m A=	ADDREWOODS tock
16	Yes	2-15-46 to	4-28-	-48 220-20-17-66	VAH, 39	00 Loch	Raven Blvd.	, Bal	to., Md. 2121
	18	X5.41		CAUSE OF DEAT	Н				APPROXIMATE INTERVAL
	DISEA	SE OR CONDITION D							BETWEEN ONSET AND DEATH
	(This does	LEADING TO DEATH nal mean line made o		(A) IMMEDIATE CAN	ASPI:		pneumonia		
	heart failure, injury ar car								
	ANTECEDENT CAUSES OBJUST TO, OR AS A CONSEQUENCE OF: OBJUST TO, OR AS A CONSEQUENCE OF:								
	rise to th	e abave cause (A)	staling	The	A CONSEQUENT	CE OF:			
	UNDERLYIN	G CONDITION last.		(c)					
Z	OTHER SIGNII	II FICANT CONDITIONS CO	NTDIRITI	ING					
ATIO	TO THE DEAT	TH BUT NOT RELATED TO SONDITION GIVEN IN PA	THE TERMIN	Metastases	of pheo	chromoc	ytema in liv	er	
ERTIFIC,	19A. DATE OF	OPERATION 198 COL		FOR WHICH OPERATION	20A. AUTOP	SY? (Yes or No	208. IF YES, WERE F	INDINGS ISES OF I	CONSIDERED
CERI	21A. ACCIDE	NT WAS UNDERLYING		218 PLACE OF INJURY (e.g., i	Yes		Yes		
SA	OR CONTRIBI	TING CAUSE OF	7	home, larm, factory, street, a	fice bldg., INJUR	Y OCCUR?	(If In Boltimore	City, give	e exoct locotion)
ш 1	21D. TIME OF INJURY	(Manth) (Doy) (Year)	(Haut)	21E INJURY OCCURRED	21 F. H	OW DID INJ	URY OCCUR?		
ξ	(APPROX.)			While AI Work AI Wark	· 🗆 📗				
22. I certify that (1) (this hospital) attended the deceased from February 19 19 71 to February 19									19 10 71
		lost saw the decease			19. 7	1 and the			th occurred on the date
- 1						fter death	or in tight, tools obta		in occorred on the date
	ond hour and from the causes stated above. (1) (We) (did) (314-76) view the body after death. 23A. SIGNATURE								E SIGNED
		MA	Cuna		nding M	led.	Staff Phys.		2-20-71
	23C. PHYSICIA NAME (T	N'S			3D. ADDRESS			***	
		Sayyed T.A.	Shah	M.D.	3900 Loc	h Raven	Blvd., Balt	0., M	d. 21218
4A	BURIAL CRE	MATION, 248. DATE Specify)		C.NAME of CEMETERY of CRE				, town, o	
	Burial	2/23/	71	Druid Ridge Cem	etery	Pik	·		re, Maryland
5A	DATE REC'D	BY HEALTH DEPT.		ME OF REGISTRAR	2SC. FUNERA	AL DIRECTOR			ADDRESS
	FEB 24	1971 Valley &	- Je	Boy M. P.	Loring	Byers	8728 Liberty	Road	d,Randallstown
S	150-REV. 1/1/	68			7 1 0				6113.3



	T 1115			BALTIMORE CITY	HEALTH DEPARTMENT	,	14 4000				
BI	E-465 71 1853 CERTIFICATE OF DEATH REG. NO. 171 1853										
	NAME OF DECEASED ype or Print) Mary Louise Ellerman 2. Date and Hour of Death Feb 20, 1971										
3.	PLACE IN BALT	TIMORE, MARYLAND, W			4. USUAL RESIDENCE (Whe	ere deceased lived. If in:	stitution: residence before odmission)				
H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	A, STATE B, COUN		DE CITY LIMITS?				
	13111011014				Baltimore		YES K NO				
10	1) 1811	Light St			E. STREET AND NUMBER						
		engoe on			1811 Light S	t					
S.	SEX	6. RACE	7. MARRIED	NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.				
	F	White	WIDOWED		Mar. 27, 1904	66					
		JPATION (Give kind of work vorking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY				
	none	volking inc, even if remody		-	Md		USA				
13	FATHER'S NAM	ΛE			14. MOTHER'S MAIDEN NA	ME					
		Henry J Ell			Rosa Murphy						
1 S.	Was Deceased	(If yes, give wor or dote	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 11 1011 1	ADDRESS				
	No			none	Mrs Rose Ki	mball 1811 L	ight 21230				
	1B. 6 -8	/ XI		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		E OR CONDITION DIR LEADING TO DEATH	ECTLY		O OD ON A DW O	O.T. 11.0. T.O.V.					
		al mean the made of	dvina. e.a		A CONSEQUENCE OF:	several					
	heart failure,	asthenia, etc. It means plication which caused	the disease,	DUE 10, OR AS	A CONSEQUENCE OF:	hours					
		ANTECEDENT CAUSES		(B) CORONA	ARY ISCHENIA A CONSEQUENCE OF:		2years				
		R CONDITIONS, if above cause (A)		CHRONIC	PARENCHYMATO	US.NEPHRITI	S 3years				
	UNDERLYING	7,50020									
		11									
ATION	TO THE DEATH	icant conditions. COI H but not related to th	IE TERMINAL	EPILI	EPSY		?.				
4	19A. DATE OF	ONDITION GIVEN IN PART OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 20B. IF YES. WERE F	INDINGS CONSIDERED				
CERTIFIC	0	WAS PERF	ORMED		NO 4	INDINGS CONSIDERED USES OF DEATH?					
Ü	21 A. ACCIDEN	IT WAS UNDERLYING TING CAUSE OF	21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Baltimore	e City, give exact location)				
I	DEATH (notify	medical examiner)	etc.		ffice bldg., INJURY OCCUR?						
FDIC	21 D. TIME	(Month) (Doy) (Yeor)	(Hour) 21 É.	INJURY OCCURRED	21 F. HOW DID IN.	JURY OCCUR?					
×	(APPROX.)		Wh	ile At Not While	е						
1	22 1				7/9//	30(1)	/20 /BT 16				
				he deceosed from			/20/7I 19				
						_	nion deoth occurred on the dote				
			ed obave. ([) (#e) (did) (did-net) v	iew the body after death.		OLD DATE CICKED				
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3	GEGREE										
	PHYSICIAI NAME (Ty	N°S (pe)			23 D. ADDRESS						
	HARRY	DEIBEL M.D.		GEGREE	I226 S. HANO	VER ST. BAL	TO. MD. 21230				
24	A. BURIAL CREA	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24D. I	OCATION (Cit	ly, town, or county) (State)				
24	Bu	rial 2/24/2	71: (ex	dar Hill (emet	tery R	litchie Hwu	AA (o Md				
25	A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	2SC. FUNERAL DIRECTO	R	ADDRESS				
	FEB 2A	1079 Rule & E	Ja Ba	192 n n	Ma Cubly F	uneral Home	AA Co Md ADDRESS 130 E. Fort Ave.				
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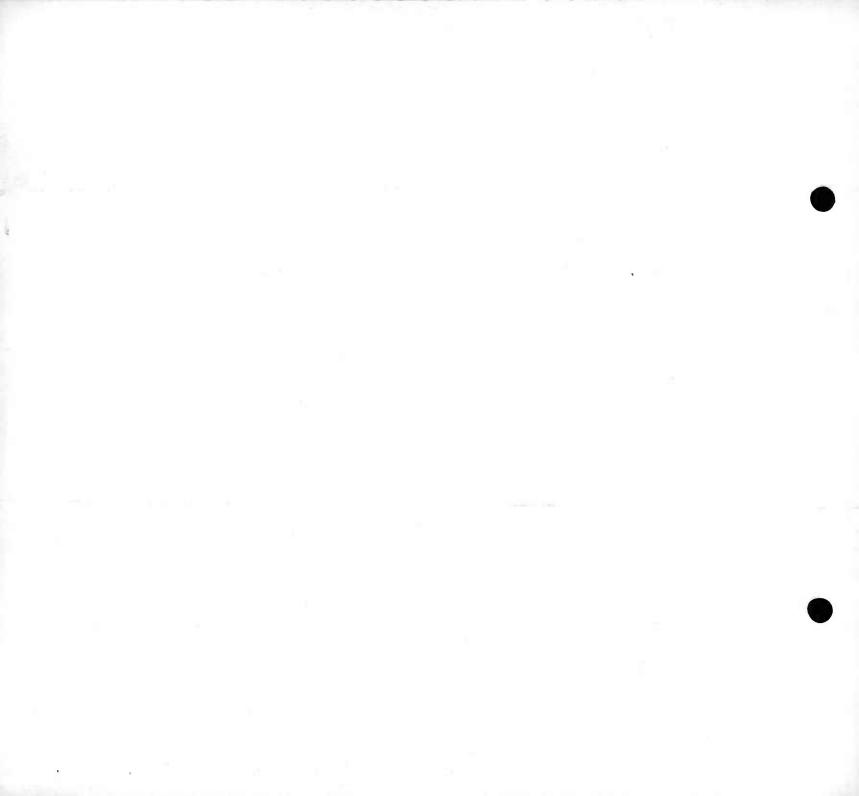
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	TH NO.		1001	CERTIFICA	TE OF D	EATH	REG. NO	71 185	4
	IAME OF DECEA!		/ 100	EDULNE ELLZ	ADETH		NO HOUR OF DEATI		
3.	PLACE IN BALTIM	ORE MARYLAND, W	HERE PRONO	EPHINE ELIZ			UARY 20,		5:30 A
								institution: residence b	
HO	LL NAME OF SPITAL OR STITUTION	ADDRESS OR LOCA	AL OR INSTIT VIION)	UTION, GIVE STREET	C, CITY OR TOW	LAND	BAL	SIDE CITY LIMITS?	1222
1	I/A ST	AGNES HOS			BALTI		ESSEX D. IN		P
		TON & WILL			E. STREET AND	NUMBER			201
5		LTIMORE, N			435 S		LOR AVENU		500
		RACE		NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years lost birthdoy)	Months Doys He	Under 24 Hrs.
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001	e curing most of work	ing life, even it retired)					ingii cooniny/	12. CITIZEN OF W	-
	IRSE'S A	LUE			NEBRA		MF	U.S.A.	
	CHARLIE	WITTMERSE	HOUSE		JOSEPH				
15.		er in U. S. Armed Ford yes, give wor or dote:		1 6. SOCIAL	17. INFORMANT	INE II	TIVEN	ADDRESS	
	/ N/K	yes, give wor or dote:	s of service)	SECURITY NO. 508-03-1235		NE	DARPAH		
-	18.	200		CAUSE OF DEAT			V /77 1 1 /7//	A BOU	ATE INTERVAL
		R CONDITION DIR	ECTLY		A	P	ke una		SET AND DEATH
		ADING TO DEATH	dvina on	(A) IMMEDIATE CAL	JSE		the una		
	heart failure, asti	tenia, etc. It means alion which caused	the disease.	DUE TO, OR AS	A CONSEQUENCE	OF:			
		ECEDENT CAUSES	dedil./						
	DISEASES OR	CONDITIONS, if a	ny, giving	(B)DUE TO, OR AS	A CONSEQUENCE	E OF:			*************
	underlying C	bove cause (A)	slaling the	(6)					
		11		(***************************************				
CERTIFICATION	TO THE DEATH RI	NT CONDITIONS CON	E TEDIAINIAI						
CAI	DISEASE OR COND	DITION GIVEN IN PART	1 (A).	WICH OPERATION	1204 411-000	A/V	V 600		
RTIFI	2	ERATION 198. CONE	ORMED	VALCE OFERATION	YES	Ties of No		FINDINGS CONSIDER USES OF DEATH?	RED
- 1	21 A. ACCIDENT V	VAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i e, farm, fociary, street, of	n or obout 21 C. WI	ERE DID	(II In Boltimo	re City, give exoct loco	tion)
CAL	DEATH (notify med	dicol exominer)	etc.)	e, tarm, tocidry, street, or	iice bidg., INJURT	OCCUR?			
MEDICAL	21D. TIME (M	onth) (Doy) (Year)		INJURY OCCURRED		W DID INJ	URY OCCUR?		
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		t (() (this hospital)			BRUARY		9 /1 to FEB		19/1_
	American Particular State of the Control of the Con			EBRUARY 20	<u> 19 71</u>	ond the	of In (MyX (our) op	nion death occurre	d on the dote
	and hour and fro	om the causes state	d above. XI	(Me) (qiq)](θ)θ)/(λόξ) ν	lew the body of	ter deoth.			
	23A. SIGNATURE	11	_	Atte	nding Me	4 🗁	SLU PO	23B, DATE SIGNED	,
	23C. PHYSICIAN'S	of Hen 15	eni 14	DEGREE Phys	. LJ Dir	ector 🔲	Staff Phys.	2/20/	71
	NAME (Type)		11 7	0.4 1 (1.5	3D. ADDRESS	Acres	, Hospit	2	
24A	BURIAL CREMAT	ION, 24B. DATE	7 LL /	ME of CEMETERY OF CRE	MATORY	1240 10		ity, town, or county)	184.1.1
	REMOVAL (Speci	11 2/23/	21 112		11.				(Stote)
25A	DATE REC'D BY	HEALTH DEPT.	25B-MAME O	FN 10 19 EREGISTRAR	2500 FUNERAL		LINCOLA	NEB ADDRE	SS -
E	EB 24 197	T Gabrie E.	Talley,	KD, O	Jan 80	Party 13	nesalda	m & 307/	lere And
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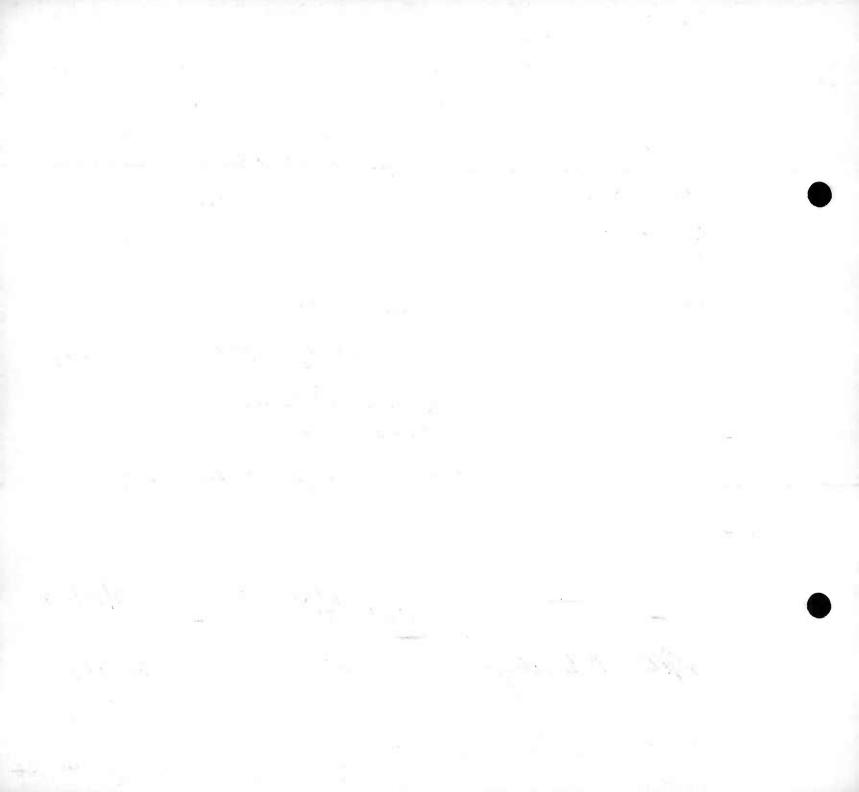
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		L-524 BALTIMORE CITY HEALTH DEPARTMENT 71 1957 CERTIFICATE OF REALTH PEG NO. 71 1857
	D-F D D-F	BIRTH NO. 71 1857. CERTIFICATE OF DEATH REG. NO. 71 1857.
	l and death eased n the Such	I. NAME OF DECEASED
		EDWIN M. Langietig FPh 22 1971 11 A.
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission) A. STATE B. COUNTY
	hospi ise o (5) D ance deat	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) G. CITY OR TOWN D. INSIDE CITY LIMITS?
	se; radind	
	l in a ng cau cause; attend ior to	BYBON SECURIS HOSPITAL BALTO. YES NO
	O L .	119 WARRENAVE.
	- 3 0 D	5. SEX 6. RACE - 7. MADDIED NIEVED MADDIED 18. DATE OF BIRTH 19. AGE (In years 16 Hade 1 V. 16 Hade 24 Ha
	th occurre contribut letermined in regular eceased p eceased p	Male Cauchsian WIDOWED DIVORCED 9/10/14 10ST DISTRIBUTED MIN.
		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY
	in dec	Assignment Officer Pinkerton Maryland U.S.A.
	if de ect o 4) Un was the iposit	13. FATHER'S NAME
1-	150 181	Edwin W. Langlettig Emma Pilkerton
Z	B 0 5 0 - 1	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
ORTAN	ssistant the di thind; death nce on final di	yes WW 11 SECURITY NO. 2/2-07-4831 (hard
Ö	2 E E	18. CAUSE OF DEATH APPROXIMATE INTERVAL
IMP		BETWEEN ONSET AND DEATH
2		LEADING TO DEATH (A) MMEDIATE CAUSE (A) MMEDIATE CAUSE (A) MMEDIATE CAUSE
**	2 - 2 0 - 2	heori foiluse, sathenia, etc. It means the disease
CTOR	fractor population	ANTECEDENT CAUSES Old and + pro MI. Years
5	ami A fr A fr Vho reg	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
NE NE	9 X @ _ = a	rise to the obove cause (A) stoting the
DIRE	5 5 . E	UNDERLYING CONDITION last. (c) 1780
	nedic edica burns; hysici n was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
Z Z	med med y bu phy ian	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 (A).
UNER	he chief m by a me 2) Body bu re the phy physician fore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	re the	
14.	=======================================	OR CONTRIBUTING CAUSE OF home, farm, foctory, street, affice bldg, INJURY OCCUR?
	pt v pt v (6)	F OF INJURY
	0 0 0 0 0	Work — At Work —
	07 5 6 6 6	22. I certify that (I) (this hospital) attended the deceased from FFB 17 19 21 to FFB 22 19 3/
		that (1) (we) last saw the deceased alive on FFB. 22 19 7/ and that in (my) (ow) apinion death accurred on the date
	V7	and haur and from the causes slated above. (1) (We) (did) (did-mat) view the body after death.
	20.5 6 6	23A. SIGNATURE 23B. DATE SIGNED Attending W Med. Stoff F F F 7 7 197
	e must b refease accident a hospi r to dea val must	DEGREE THYS. DEGREE THYS.
		NAME (Typel
		John F. Hartman OEGREE 422 Medical Arts 13-D6. 2120
	F-4 - 0 9 -	REMOVAL (Specify)
	This certithe body shows: (1) was D.O. deceased written a	Burial 2/25/71 Loudon Park Cemetery Baltimore Maryland 254 DATE RECTORY HEALTH DEPT. OF 1255 NAME OF ADDRESS
	This the bashow was decement	PEB 24 9 HEALTH DIPT. E 23 NAME OF ADJISTRAR MC CALLY FUNERAL HOME 130 E. FONT HVE.
		VS 150-REV, 1/1/68



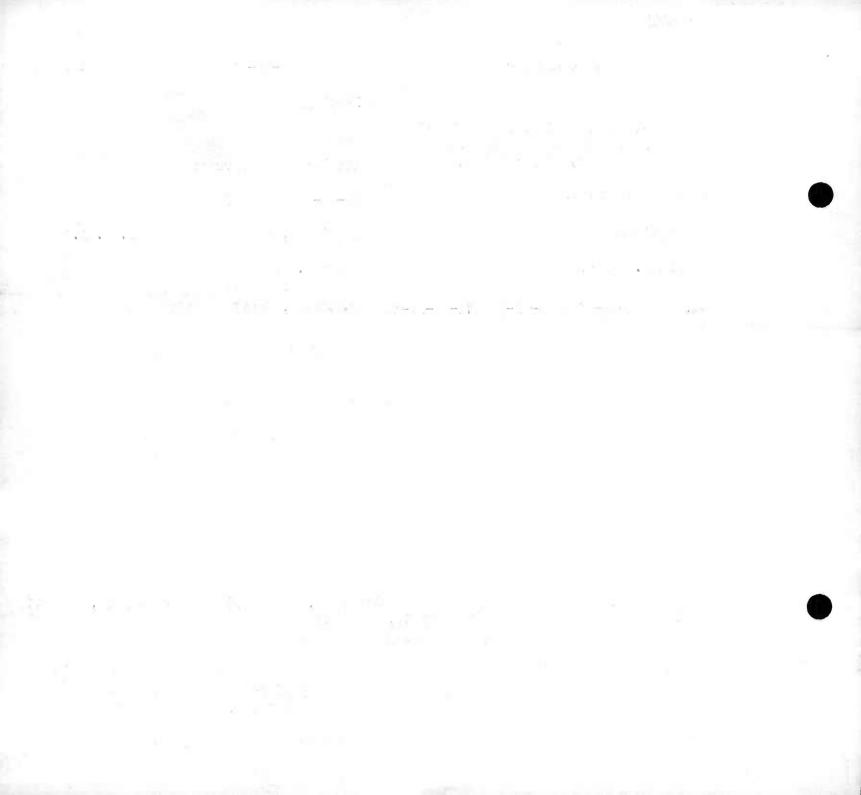


Catonsville Ald

IMPORTANT

DIRECTOR:

FUNERAL



		W-52/ 71 1860 BALTIMORE CITY HEALTH DEPARTMENT	
	7.0 0.E	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 71 1860	
,	deatile and deatile as ease	1. NAME OF DECEASED	
	8 00.	(type of rnn)	٥.,
	ath of	ALICE C. WINGFIELD 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before odmiss) A. STATE B. COUNTY	ion)
	in a hosping cause or cause; (5) D catendance ior to deat	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (D. INSIDE CITY LIMITS?	
	ng cause cause atter	UNIVERSITY OF MARYLAND HOSPITAL BALTIMORE, MD YES NO 14	52
	ar ar ar ar ar ar ar ar ar ar ar ar ar a	BATIMORE, Md. 755 W. LEXINGTON ST. APTO 20	7
	ccur ntrib min gulo sed	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months: Days Hours: Min NECEO WIDOWED DIVORCED 02 - 07 H87	irs.
	re re re re re re re re re re re re re r	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	TRY?
	or Inde s in de	VIRGINIA U-S.A.	
	direct of; (4) Unthe was on the disposite	13. FATHER'S NAME	
F	r S	WILLIAMS EDWARDS WINEFIELD ELIZABETH	
LAN	the di the di tkind; death nce on final di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	307
S.	S = ==	18. CAUSE OF DEATH Winglish 755 W LORING	tox
MPORT	his fa nc en d	DISEASE OR CONDITION DIRECTLY	ATH
=	Als Als mound aft	LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, astheric, etc. It means the disease DUE TO, OR AS A CONSEQUENCE OF:	
~	iner actur pror ular mbai	heart foilure, astherio, etc. It means the disease, injury or camplication which caused deeth.)	,
TOR	fra fra	ANTECEDENT CAUSES	
ECT	X D 4 3 L L	DISEASES OR CONDITIONS, if ony, giving (8) ABTERIOSCLE ROSES DUE TO, OR AS A CONSEQUENCE OF:	i
~	al ex l ex (3) an v an v ns a	nise to the obove couse (A) stoting the UNDERLYING CONDITION last. (C) DIABETES MELLITUS	
D	medical edical burns; (; hysician n was ii	Z	
RA	med med bu bu bu phy an	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
NER	chief Gody the ysici	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
5	by (2) Bore the phys	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C., WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?	
	opthe pital by re; (2) where No ph	DEATH (notify medical examiner) etc.)	
	hosp natur tept w d (6) ained	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	_
	o h	(APPROX.) While At Work Not While At Work	
	the the any (ex object	22. I certify that (1) (this hospital) ottended the deceosed fram 2-18 19 7/ ta 2-19 19 7/	<u></u>
	마수수프 등학	that (I) (we) lost sow the deceased alive on 62 - 19 1971 and that in (my) (our) opinion death occurred on the d	ote
	V7 4 * 4	ond hour and from the couses stated obave. (I) (We) (did) (did not) view the bady after death.	
	S D D D E	Attending \ Med. \ Shiff \	
	a a control	23C/PHYSICIAN'S NAME (Type) Attending Med. Stuff Phys. Director P	
	hificate my was rely was rely (1) An accided prior to approval	GUSTAVO RIOJA MOCA DALVERCITY OF MARYCANIA HARDS	-
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, of county) (Stotel	92
	body ws: (1) books: (1) books: (2)	Burial 2/23/71 Mt. Caluery Busklyn, Waryland	
	This cer the bod shows: was D.(decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR. 25C. FUNERAL DIRECTOR ADDRESS	
	1 4 0 5 0 4 H	FEB 24 1971 Pole E. Failer M.D. CHARLES A. RICE 661 W BARRES	7.
		VS 150-REV. 1/1/68	_

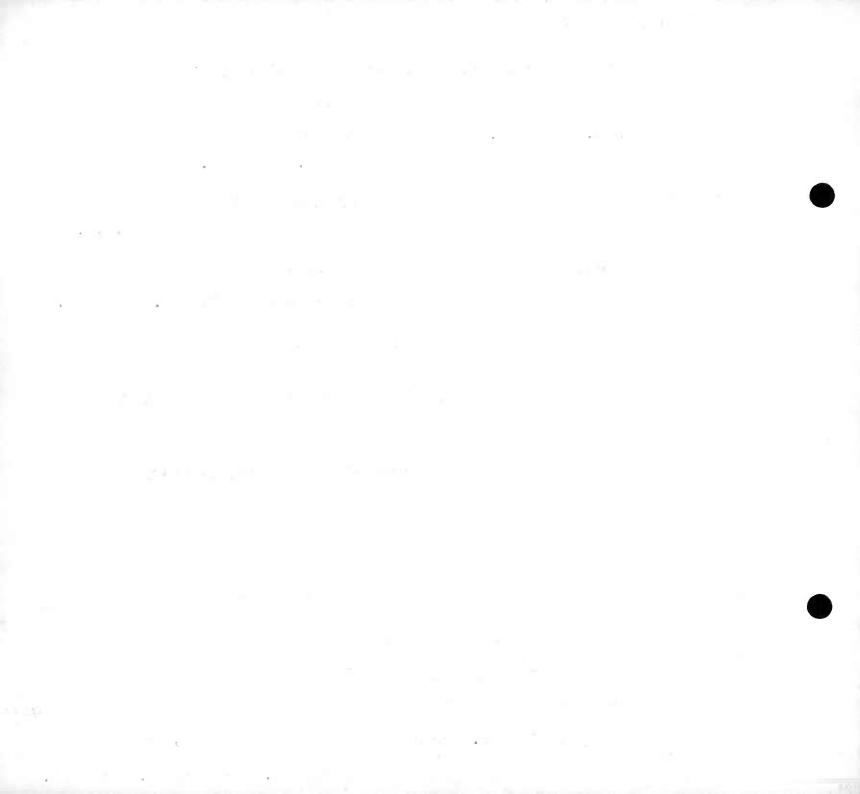


IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



25C. FUNERAL DIRECTOR

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Charles A. Rice

ADDRESS

661 W. Barre St.

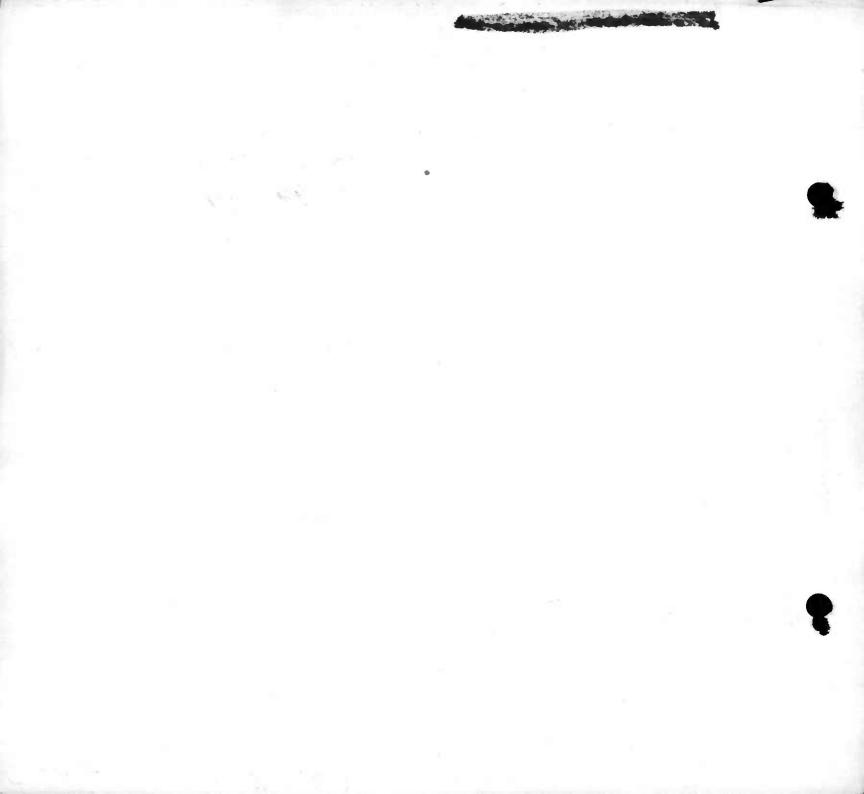
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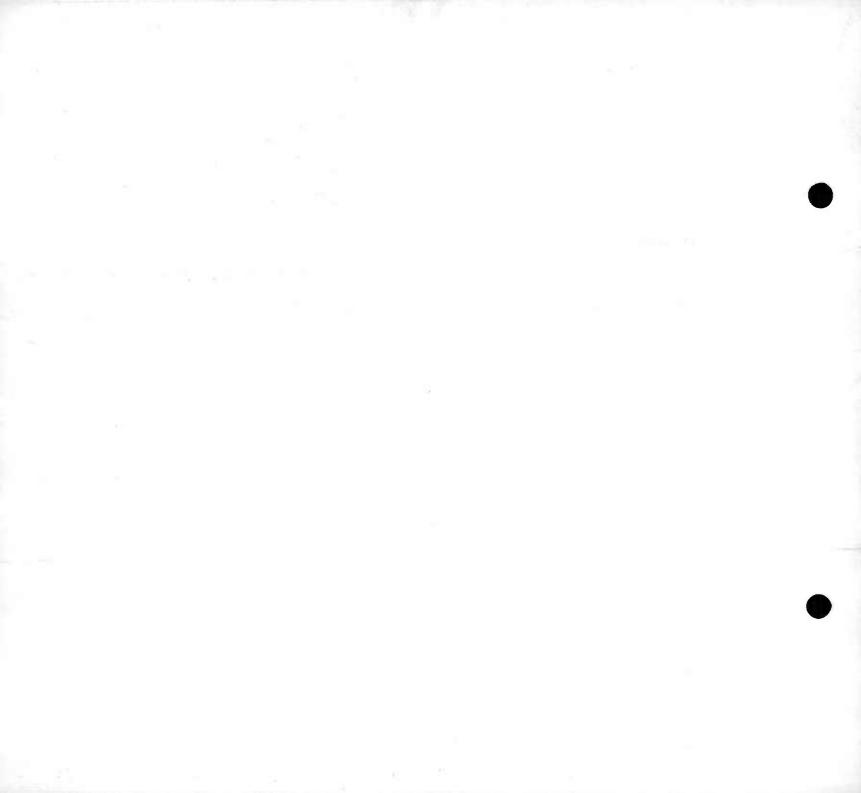
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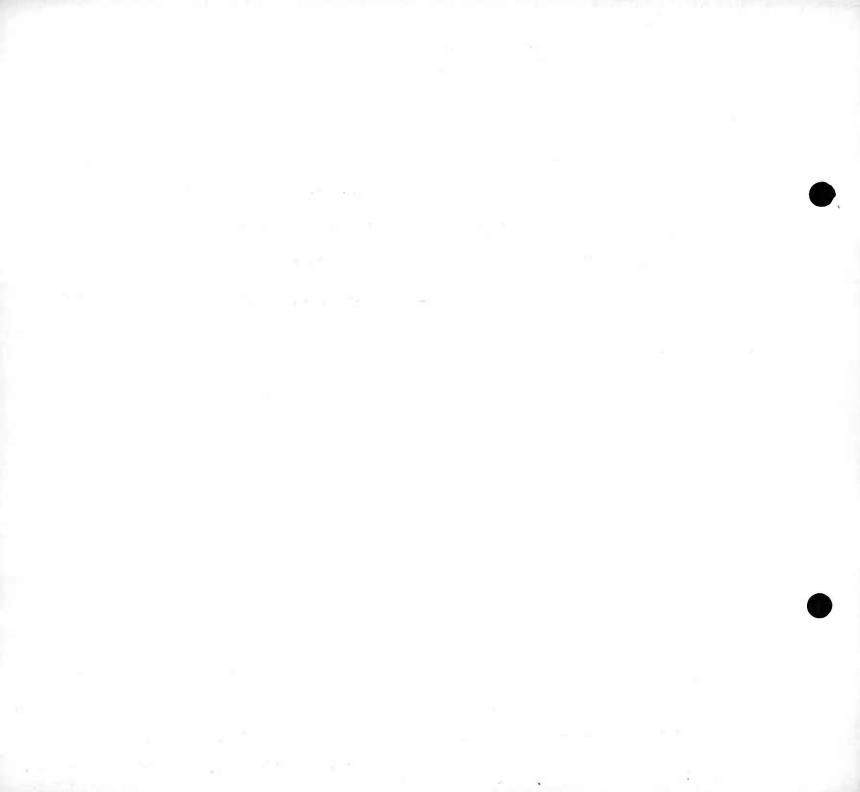
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(3)	-630	CEDITIFICATE OF DEATH REG. NO. 71 1803
	and eath ased the Such	BIRTH NO. 71 1863 CERTIFICATE OF DEATH
	_ 0 0 5	(Type or Print) MANNING GORDON 2. DATE AND HOUR OF DEATH Fob 19, 1971 6 9 PM
	of of Dec ce o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odmission) A. STATE B. COUNTY
	hospitalise of (5) December of death.	FULL NAME OF THE NOT IN MOSPITAL OR INSTITUTION CIVE STREET MARKET AND
	ים פיני	D. INSIDE CITY LIMITS?
	in or there	38UNIVERSITY (405/10TAL F.R. BALTIMORE YES NO]
	P.E.OE.	99 D.O.A. 645 PORTLAND ST- 21230
	Paris Par	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min.
		10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign analy) 112 CHIZEN OF WULST COUNTRY
	p r b - B i	done during most of working life, even if retired) South Carolina U.S.A.
	de ct o	14. MOTHER'S MAIDEN NAME
E	directly (4)	ISAAC GORDON
A	0 0 0 0	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
RT	ssist the the kir de ince	250-05-4540 HOLDITAL BELLODS
IMPORTA	his asso, if any frank	18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
¥	So, of or or or or or or or or or or or or or	LEADING TO DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH PRIERIUS CLEROTIC CARDIOVAS CULAR DISEASE
	. Als ure o onou r att	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease,
OR:	ractu pro ular mba	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., Il means the disease, injury or camplication which coused death.) CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: SLAY SLAY SAURANCE INTERVAL BETWEEN ONSET AND DEATH DISEASE SLAY
H	F 0 00 0	ANTECEDENT CAUSES
E	0 7 7 7	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the
DIRECT	0 _ 0 _ 0	UNDERLYING CONDITION lost. (C)
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
2		TO THE DEATH BUT NOT RELATED TO THE TERMINAL Condition given in part 1 (a).
FUNERAL	a a a a a a a a a a a a a a a a a a a	19.A. DATE OF OPERATION 19.B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19.A. AUTOPSY? (Yes of No.) 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
J.	tal by cap. (2) Bo here the Vo phys before the	If in polimore City, give exact location
		OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? OD 21D.TIME (Manth) (Day) (Year) (Haur) OF INJURY While AL
	the hospita iny nature; except who and (6) No	(APPROX)
	prov the I iny n exce and	22. I certify that (1) (this hospital) attended the deceased from CA 24 19 70 to Fall 19 71
4	0 0 0	that (1) (ast saw the deceased alive an DEC 12 19 79 and that in (my) (cor) opinion death accurred on the date
•	\$ 7 ± ± ±	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	easecident ident nospi	23A, SIGNATURE 23B, DATE SIGNED
		23C. PHYSICIAMS Attending Phys. Med. Stoff Feb 20, 1971
	y was rely y was rely (1) An acci).A. at a b d prior to approval	23C. PHYSICIAN'S NAME (Type) 17 19 5 F
	certificat sody was vs: (1) An D.O.A. at assed prio	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, towns or county) (Stote)
	L-70 0 0 0	REMOVAL (Specify) 240, LOCATION (City, toward (State)
	This certif the body shows: (1) was D.O./ deceased written a	25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	まれるメタタ	FEB 24 1971 Vale & Vale Re B B C (Karles (Kindele Warre
		VS 150-REV- 1/1/68



VS 150-REV. 1/1/68





	U-66// FIA 4000	ATE OF DEATH REG. NO. 71 1866
	PRNOLD HELEXI	Feb 22 1971 8.15 PM.M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FU H (LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET DEPITAL OR ADDRESS OR LOCATION)	Maryland Baltimore C. CITY OR TOWN D. INSIDE CITY LIMITS?
	1/2 Sinai Hospital	Woodlawn YES NO E E. STREET AND NUMBER 5523 Forrest Park Ave.
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE un vegrs If Under 1 Yr. II Under 24 Hrs.
1	EMALE (1) HITE WIDOWED DIVORCED	3/29/94 Hours Min.
don	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRE	Y 11. BIRTHPLACE (State of lateign country) 12. CITIZEN OF WHAT COUNTRY
	Retired	Maryland USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Edward wall	Corneila
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	214-40-5551	A Doris Wacker 5523 Forest Park Ave. 2120
	18. 4 / O T I CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CA	te myseer distinferstion 2 day, s a consequence of:
	heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	A A A
	ANTECEDENT CAUSES Com	to anyeardial inferelian > No
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) 4.5.	
	(~/************************************	
NOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
4	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A AUTOREN V NAV 20B JP V
RTIF	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	DEATH (nality medical examine)	in or about 21.C. WHERE DID (If In Baltimore City, give exact lacation) office bldg., INJURY OCCUR?
MEDI	21D. TIME (Manth) (Day) (Yearl (Haw) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not Work At Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (i) (this hospital) attended the deceased fram	· · · · · · · · · · · · · · · · · · ·
1	that (i) (we) last saw the deceased alive on Flb 22	
	and have and from the causes stated above. (1) (We) (did) (did not)	, the care
	23A. SIGNATURE	23B, DATE SIGNED
	9/kg, DEGREE Ph	Vending Med. Staff Director Phys. D
	Value LLOBET M.D.	23D. ADDRESS Dinai Hozpital
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	REMATORY 24D. LOCATION (City, town, ar county) (State)
E	urial 2/26/71 Lorraine Park	Baltimore, Maryland
25A	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
	B 24 1001 P. C. O. E. R. C. K. A.	Witz &, 463 Edmondson Avenue 21228
S	50-REV. 1/1768	

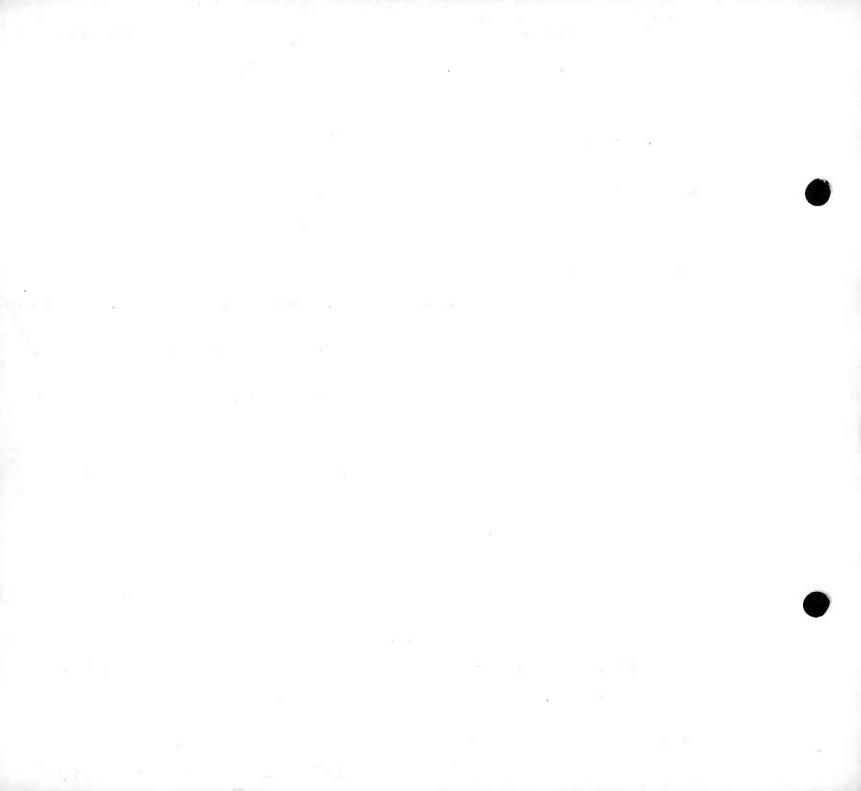




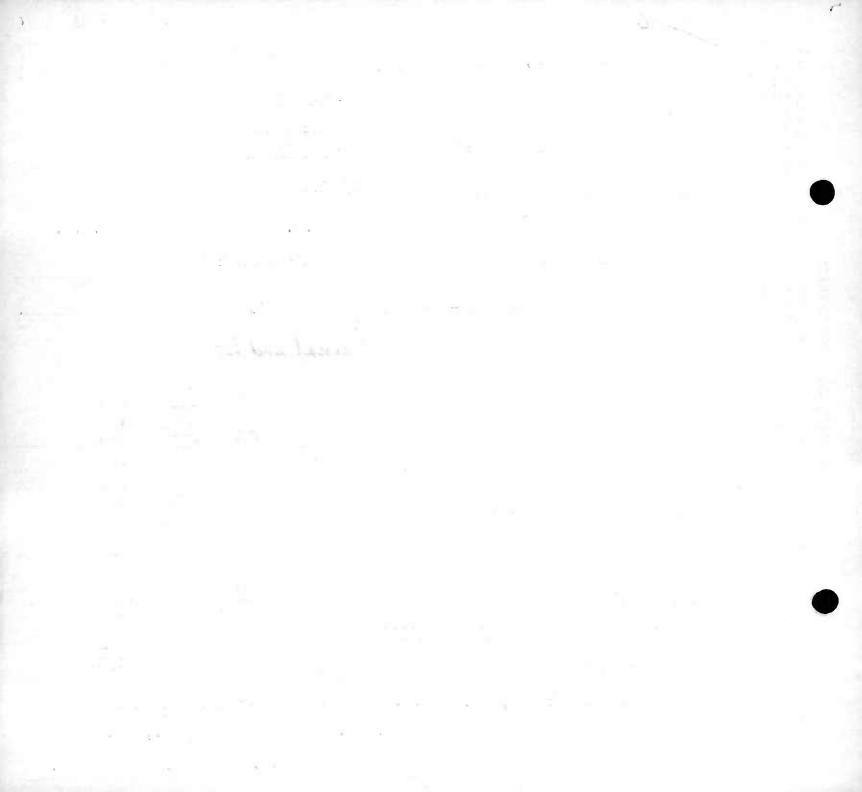
Ave.

3	1	C-350 71 1868 BALTIMORE CITY HEALTH DEPARTMENT
	20020	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 11868
	death death eased on the Such	I. NAME OF DECEASED 12. DATE AND HOUR OF DEATH
	oital and of death Deceased e on the the outh.	JENNIE CO (ON 7/21/7/ 1/1:450 M
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE 8. COUNTY
	hosp ise (5) and dec	HOSPITAL OR ADDRESS OR LOCATION) HOSPITAL OR ADDRESS OR LOCATION)
		INSTITUTION D. INSIDE CITY LIMITS?
	c 32.	25 (NA) HOSP E. STREET AND NUMBER
	0	1314 Berry St.
	th occurre contribut etermined n regular sceased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In wears If Under 1 Yr. If Under 24 Min.
	occu nntr rmi regu ase ase	WIDOWED DIVORCED 3/31 182 Months: Days Hours Min.
		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	B - B - E -	Housewife ILLINOIS U.S.A
	if derrect of (4) Un was the csposit	14. MOTHER'S MAIDEN NAME
5		Benjamin Anna Goodman
A		15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service) 16. SOCIAL 17. INFORMANT ADDRESS
IMPORTAN	유부자 이 이 대	Mr. Irving Cotton 1314 Berry St. 21211
0	a it E b b it	CAUSE OF DEATH
Ž	C 0 + E 0 0	LEADING TO DEATH
-		(This does not mean the made of dying, e.g. (A) IMMEDIATE CAUSE
OR:	iner or ner. A acture prono ular a mbalm	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)
5	E = + o Bo	ANTECEDENT CAUSES
ECT	Xan Xan Xh Wh re	DISEASES OR CONDITIONS, if eny, giving DUE TO, OR AS A CONSEQUENCE OF:
~	a S Fire S	UNDERLYING CONDITION last. Low tractur of the Lux
Δ.		
A	medica medica burns, physici an was remai	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL
8	9 5 5	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
FUNER	0 < = + > 0	WAS PERFORMED FUNCTO IN CERTIFYING CAUSES OF DEATH?
H	ナーショーエー	OR CONTRIBUTION WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bullimore City, give exoct locolion)
	by the spital by ure; (2) where (3) No pled before	DEATH (notify medical exominer) etc.)
	atur atur pt w (6)	21D. TIME (Month) (Day) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	he hosp ny natu except and (6)	(APPROX) 12 24 70 While At Work At Work Fell and how
	T 0 - 0	22. I certify that (1) (this haspital) attended the deceased fram 17 24 19 19 19 19 19 19 19
	of a to to to to to to to to to to to to to	that M (we) last saw the deceased alive an
	ased to lent of spital death) must b	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	3 40 5 50 1	23A. SIGNATURE 23B. DATE RIGHED Attending Med. Stoff (S)
	E 0 U n + 0	at Gree Phys. Director Phys.
	was r An a L at c prior	NAME TORTUNATO V. EUIZAGI HO 23D. ADDRESS
	Add to the last	The desired of the second of t
	F	REMOVAL (Specify)
		Burial 2/24/71 Hebrew Friendship Cemetery Baltimore, Maryland 25A. DATE REC'D W HEALTH DEPT. 25B. NAME OF REGISTRAR, 25C. FUNERAL DIRECTOR, ADDRESS
	This the last was dece write	FEB 24 1077 (P.C. & C. T. A. D.
		VS 150-REV. 1/1/68

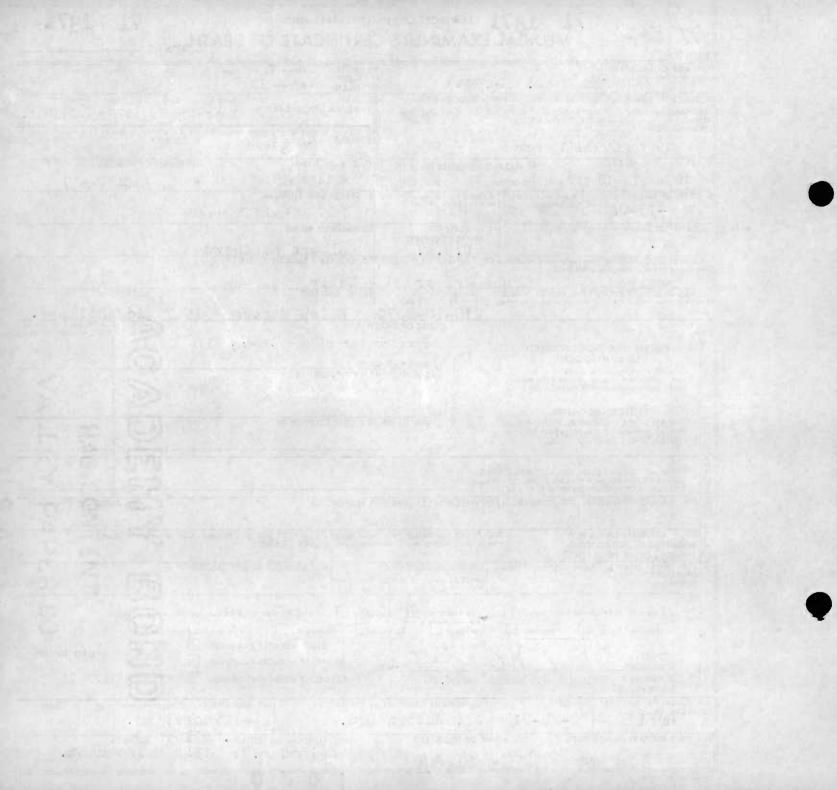




BALTIMOR	E CITY HEALTH DEPARTMENT										
BIKIN 140.	FICATE OF DEATH REG. NO. 11 1870										
1. NAME OF DECEASED (Type or Print) WILKERSON, Eddie (Edwa	ard) 2123/11 8 Arm										
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)										
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?										
The Johns Hopkins Hospital	E. STREET AND NUMBER 2761 Tivoly Avenue										
5. SEX 6. RACE 7. MARRIED NEVER MARRIE	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.										
Male Negro widowed Divorce	3/9/14 loss briting 56 Months Doys Hours Min.										
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND done during most of working life, even if refired)	DUSTRY 11. BIRTHPLACE (Slate or foreign country) 12. CITIZEN OF WHAT COUNTRY?										
13 FATHER'S NAME	N.C. U.S.A.										
	14. MOTHER'S MAIDEN NAME										
John Wilkerson	Lucrecia McGlothin										
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (Uf yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS										
no 213-01-94	471 Barbara Wilkerson 2725 Fenwick Ave.										
18. CAUSE OF	DIAGU										
DISEASE OR CONDITION DIRECTLY	DISEASE OR CONDITION DIRECTLY										
LEADING TO DEATH (A) IMMEDIATE CAUSE Plant and Revalue Carlino											
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,											
injury or complication which caused death.)											
ANTECEDENT CAUSES Nepald lenal Lyndrone											
DISEASES OR CONDITIONS, if any, giving											
underlying condition last (c) Lalmner Curling and period hypertenen											
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	1 Bleedig										
199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?										
UZIA ACCIDENT WAS UNDERLYING TO DESMINISTRATION OF THE WASHINGTON											
	(lf In Boltimare City, give exact location) reet, affice bidg., INJURY OCCUR?										
21D. TIME (Manth) (Dayl (Year) (Hour) 21E. INJURY OCCURRE	21f. HOW DID INJURY OCCUR?										
	While Wark										
22. I certify that (1) (this hospital) attended the deceased from	2/3 197/ to 3/33 197/										
that (1) (we) last saw the deceased alive an	ond that in (p/y/ (our) opinion death occurred on the dote										
and hour and from the causes stated above. (1) (We) (did) (did)	high / view the bady after deoth.										
23A. SIGNATURE	23B, DATE SIGNED										
Jeln Walkin J											
23 C. FHY SICIAN'S NAME (Type)	23D. ADDRESS										
Levi Watkins, Jr. M. Į	The Johns Hopkins Hospital										
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY	or CREMATORY 24D. LOCATION (City, lawn, or county) (State)										
Bunial Z-Z/-/I Arbutus P	em. Pk. Balto., Md.										
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR V. Bailey ADDRESS										
FFR 24 WH P.C. & S. J. M. M.S.O.	Kelgon F. 1348 N. Calhoun St.										
A TO MAKE THE PARTY AND THE PA											



nn 21	71	1871	BALTIMORE CITY HE	ALTH DEPA	RTMENT			71	1873
111-25	MED	DICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.		
BIRTH NO.							REG. NO.	Maria III	
1. NAME OF DEC				2. DATE OF	Knawn 🔲	Manth	Day	Year	Hour
			TTHEWS	DEATH	Estimated 🗆				M.
	TIMORE, MARYLAND, I			3. DATE	JNCED DEAD	Month	Day	Year	Haur
FULL NAME OF HOSPITAL	ADDRESS OR LOCA	AL OR INSTI ATION)	ITUTION, GIVE STREET				lary 23,		3:10 A M
OR INSTITUTION		3 6 1		5. USUAL R	ESIDENCE (Where	deceased liv	ed. If Institution	residence	belare admission)
1947	Ridgehill A	venue		A. STATE	Maryland	1	B. COUNTY	1.	504
6. SEX	7. RACE	B. MARRI	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
Male	Negro	WIDOW		Balt	timore		VE	s 🗓	NO 🗆
9. DATE OF BIRT	H 10. AGE (I		If Under 1 Yr, If Under 24 Hrs.	E. STREET A	ND NUMBER		12	3 (23	NOL
6-13	-04	66	Manths Days Haurs Min.	194	7 Ridgehil	1 Aver	1110		
11. BIRTHPLACE (S	State or loreign country)		2. CITIZEN OF	13. FATHER		11461	100		
Md.		- 1	WHAT COUNTRY?			. ,			
14A USUAL OCCU	IDATION (Give kind of work	14B KIND	U.S.A. OF BUSINESS OR INDUSTRY	ALC	ert Mati	thews			
dane during mast of v	warking life, even if retired)	140. KIIAD	OF BUSINESS OK INDUSIK	13. MOINE	C 3 MAIDEIN INAM	NE			
reti	red	Truc	k driver	Sall	y				
(Yes, na ar unknawn)	ED EVER IN U.S. ARMEI	al service)	17. SOCIAL SECURITY NO.	18. INFORM	MANT		AC	DRESS	
no			219-10-8070	Hel	en Coate	es	1947 R	ldgeh	illAve.
19.412	4		CAUSE OF DEA						PPROXIMATE INTERVAL
DISEAS	E OR CONDITION DIRE	CTLY	Arterios	cleroti	ic cardiov	ascula	r disea	se	TECH CHUEL AND DEAT
	LEADING TO DEATH		(A)IMMEDIATE C	Alice				7	
(This does n	at mean the made of dy	Ing, e.g.,		S A CONSEQ	UENCE OF:				
Injury or con	, asthenia, etc. It means the application which caused de	ath.)							
1 1	NTECEDENT CAUSES	CIVING	(B) DUE TO OR	AS A CONSEC	HENCE OF				
RISE TO THE	OR CONDITIONS, IF AN'	TING THE	502 10, OK		ROLINCE OI.				
Z	NG CONDITION LAST.		(c)						
OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF	11								
OTHER SIGN	IFICANT CONDITIONS CATH BUT NOT RELATED TO	ONTRIBUTI	NG NAL					- B	
DISEASE OR	CONDITION GIVEN IN P.	ART I (A).	***************************************						
20A. DATE OF	F OPERATION 20B. CO	NDITION F	OR WHICH OPERATION WA	S PERFORM	ED	100		21. AUTC	PSY? (Yes ar No)
90	L DE MA							no	
	NAL CAUSE WAS	2	2B. PLACE OF INJURY (e.g., ame, farm, factory, street, affice	in ar abaut 2	C. WHERE DID (II In Baltimar	e City, give exo	I lacation)	
	USE OF DEATH.	h	ame, tarm, tactary, street, attic	e bidg., etc.) in	NJURY OCCUR?				
≥ 22D. TIME	(Manth) (Day) (Yea	r) (Haur)	22E.INJURY OCCURRED	2:	2F. HOW DID INJ	URY OCCL	IR?		
OF INJURY (APPROX.)			WHILE AT NOT	WHILE -					
23.		n	n. WORK AT W	ORK					
	ify that I held on I	nauley [Inspection 🖾 Au		and that an th	ie boele	المسالة المسالة		
							_		
result	red from: Noturol cau	ses X	Accident Suicid				ed monner	1	
ACTUAL	1) 0	1/1	/ , /		HIEF MEDICAL E		_		DATE SIGNED
SIGNATI		NE	ub MD	ASSIS	TANT MEDICAL E	XAMINER	لخا		
EXAMIN		. Korn	blum, M.D.	ASSO	CIATE MEDICAL E	XAMINER		2/2	23/71
NAME (T	(ype)								
REMOVAL (Special	wation, 248. date (y) 2-26	-71	Mt. Auburn				(City, town, ore, Mc) (State)
25A. DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	25C. F	UNERAL DIRECTO	RV.Ba	ilev Ar	DRESS	
CCO	04 10000 0		-		lson F.		348 Cal		St.
FEB	Z.4. 1071 Was	0 GE.	Jasber M.D.				7		
VS 151-REV. 1/1/68	3	1 7	1 - 1		8 7 0				



M-25 BIRTH NO.	0		ICAL		AMINER'S			DEAT	H REG. NO.	71	1872	2
1. NAME OF DEC		1 McKi	nnev			2. DATE OF DEATH	Known 🛣	Month 2	Doy 21	Year 71	Hour 2:20	р _{м.}
4. PLACE IN BAI				ONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	<u>м.</u>
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	L OR INS	TITUTIO	N, GIVE STREET		NCED DEAD	2	21	71	2:20	F M.
34		ecours	Hosp	oita	1	A. STATE Md.	SIDENCE (Where	decegsed liv	B. COUNTY	residence b	etore odmiss	ion)
6. SEX	7. RACE		B. MARR	IED 🗌	NEVER MARRIED	C. CITY OR	IOWN		D. INSIDE CI	TY LIMITS?		
male	Negr		WIDOW			Balt			YI	s X	NO 🗌	
9. DATE OF BIRT		last bi	yeors)	If Und Months	ler 1 Yr. II Under 24 Hrs. s 1 Doys Hours Min.		ND NUMBER . Carroll	ton Av	19.01.10		oll Ag	ed
D.C.	otate or foreig	n country)		WI	TIZEN OF	13. FATHER'S	NAME		51			me)
4A.USUAL OCCU	PATION (Give	kind al work 1	48. KIND	OF BL	J.S.A. USINESS OR INDUSTRY	15. MOTHER	1 Scott	ΛE				
done during most of v Retir	vorking lile, ev	en if retired)	B&0				lie Pit					
6. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	?	7. SOCIAL	18. INFORM		cher	AI	DDRESS M	ash.,	D C
no	(ii yes, give w	or or doles o	r service)	-	05-03-9048	Matt	hew McK	innev	1329		nt St	. N
19 91	(7)				CAUSE OF DEAT				.,~,	API	PROXIMATE INT	ERVAL
DISEAS	E OR COND	TION DIREC	TIY			Mult	iple inju	ries		BETW	EEN ONSET AN	D DEATH
	LEADING TO	DEATH			(A)IMMEDIATE C							
heart loilure	ot mean the , asthenia, etc. aplication which	It meons the	diseose,		DUE TO, OR A	S A CONSEQU	ENCE OF:					
DISEASES O	NTECEDENT (DR CONDITION E ABOVE CAU NG CONDITION	ONS, IF ANY,	GIVING NG THE		(B) DUE TO, OR A	AS A CONSEQ	UENCE OF:					***************************************
DISEASE OR	IFICANT CON ATH BUT NOT CONDITION	RELATED TO 1 GIVEN IN PA	HE TERMI	NAL								
20A. DATE OF	OPERATION	208. CON	DITION	FOR W	HICH OPERATION WA	S PERFORME	D			21. AUTO	SY? (Yes or	No)
UNDERLYING UTING CA	USE OF DEA	RIB- IH. oy) (Year)	(Hour) 22E	ACE OF INJURY(e.g., I orm, factory, street, office HOME INJURY OCCURRED ILE AT NOT V RK AT WO	82	c. WHERE DID (1 JURY OCCUR? 2 N. Carr F. HOWDID INJ ubject ju	ollton ury occu	Ave. (N.M. C	H	ome)
1 certi	ER'S Dot	1	15	M	Suicide M.D.	CI ASSIST	and that an thi	Indetermin (AMINER (AMINER	death in my o]	DATE SIGN	
REMOVAL STEE		18. DATE 2-26-7	71		name of CEMETERY of alto. Nat!	1. Cem	•	20 uh	(City, lawn,	or county)	(State)
EB 24	BY HEALTH D	EPT.	258, N	AME O	F REGISTRAR	Kel	son F.H	R V . Ba:	48 Call	DRESS	Street	t
S 151-REV. 1/1/68	N	X= /_ !	17	1	1 4-0-1		3 7 1					==

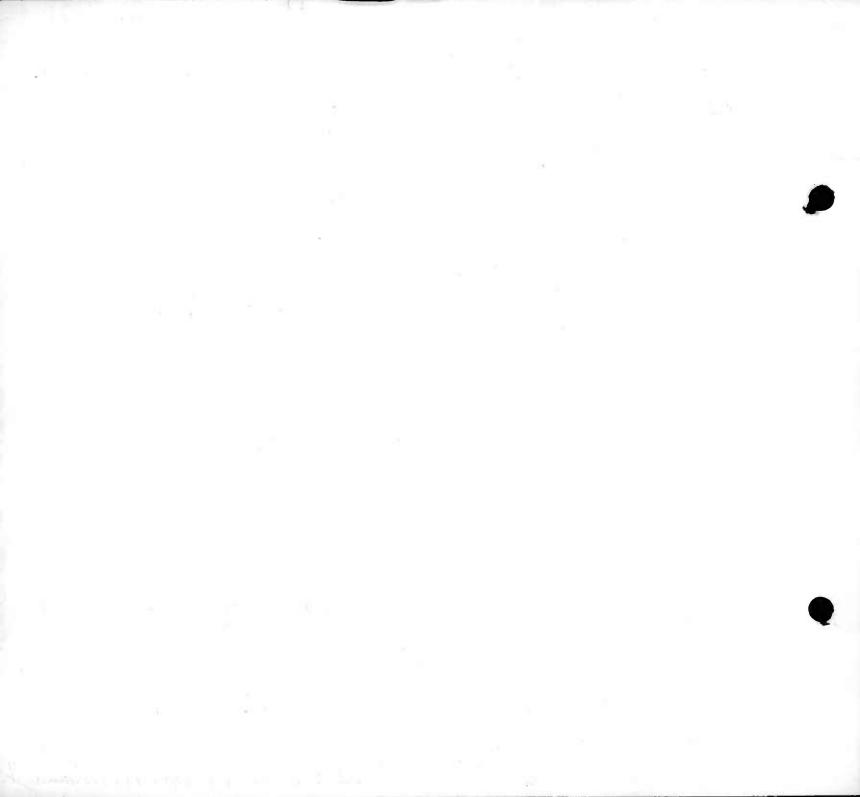
Alm. 7/70 1012 N. Streeker St

. 7. - 6:

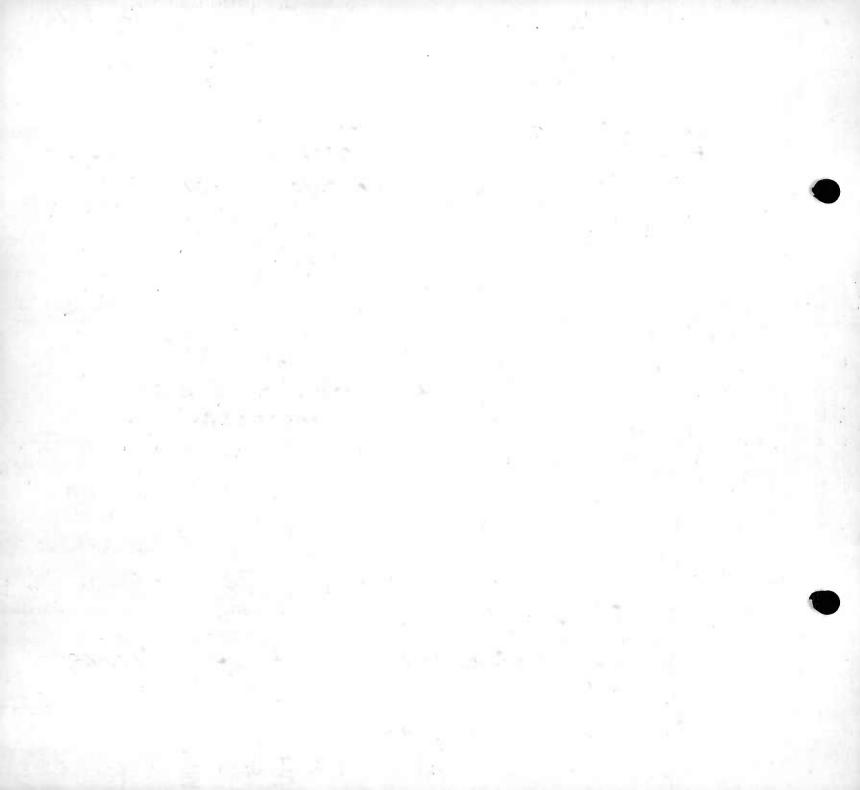
Contract to

PLOT OF SHAPE OF THE PROPERTY

	BALTIMORE CITY HEALTH DEPARTMENT 71 1873
48-28-07 TB	BIRTH NO. 71 1873 CERTIFICATE OF DEATH X REG. NO
pital and of death Deceased to the anth.	1. NAME OF DECEASED (Type or Print) Wary Wooden 2. Date and Hour of Death February 21, 1971 4:50 A. M.
of Deed	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE I Where deceosed lived. If institution, residence before odmission A. STATE B. COUNTY
hos use (5) and	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) A. STATE B. COUNTY Md. Baltimore 5300
in a g cau ause; ittend	Daller City is
in gar	4940 Eastern Avenue STREET AND NUMBER STREET AND STR
d ting	Baltimore, Maryland 21224 36 Back River Neck Road 21221
ibut ibut ilar d p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
occurred ontributin ermined c regular a eased pricis	remaile Negro Widowed Divorced 10/19/81 100 100 100 100 100 100 100 100 100 1
上の芸工の口	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
8 - 2 - 2 - 2 - 1	Md. USA
if de ect o 4) Un was the sposif	13. FATHER'S NAME
	(ho. Staller Cattering
Stant ind; ind; on al di	15. Was Deceased Ever in U. S. Armed Forces? Yes, no of unknown (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANY 4940 Eastern Avenue ADDRESS
RTAN ssistant the di the di Kind; death	BCH Records: Baltimore, Maryland 21224
or fi	
IMPORTAN or his assistant Also, if the di s of any kind; ounced death ittendance on	DISEASE OR CONDITION DIRECTLY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMP or his Also, e of nounc atten	LEADING TO DEATH
0 7 2 2 2 2	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
OR: niner ner. actu pro ular mba	Injury or complication which coused death.)
T E E	ANTECEDENT CAUSES (B) Cerebro Close Vlan acciden
Xam Xam Xam wh wh	DISEASES OR CONDITIONS, il any, giving ise la lhe obave cause IA) stating the
C L O C C L S	DISEASES OR CONDITIONS, il any, giving isse to the obave cause IA) stating the UNDERLYING CONDITION last, (B) Cerebro Conclude accident a
AL DI medica edical burns; hysicia n was remain	
- 0T - L - 1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Decubit Ulcers
ER dy dy he	S IDISEASE OR CONDITION GIVEN IN PART 1 /A)
eys + 8° ch	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FU tal b) s; (2) here No ph befor	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 2/C. WHERE DID (If in Bollimore City, give exect location)
	Control (notify medical examiner) etc.
	21D. TIME IMonth) (Doyl (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
roved he hos ny natu xcept and (6) btaine	(APPROX.) While At Not While At Work
prov the the tand and obtain	22. I certify that (this hospital) attended the deceased from 1/28 19 7/ to 2/2/ 19 7/
0 0 0 0 0	that (1) (we) last saw the deceased alive on P/Z/ 19 7/ and that In (mg) (our) opinion death occurred an the date
10 mm 7 7 7 mm 1	and hour and from the causes stated abave. (1) (We) (did) (did, nat) view the bady after death.
ust be assed dent ospit deat must	23A-SIGNALURE
m election and the control of the co	Attending Med. Stoff 2/21/7/
was r was r An at prior	23C. PAYSICIANES
44 - 44 - 44	14. S. Gold yerg M.D' DEGREE 4940 Eastern Ave. Baltimore, Maryland 21224
12000	24A. BURIAL CREMATION, 24B. DATE 24C NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
A Single Control of the Control of t	Buil 925-11 H. Slepho Cem. Billy. Md.
This certif the body shows: (1) was D.O. deceased	25A, DATE REC'D BY HEALTH DEPT 25B-HANE OF GONTAR 25C. FUNERAL DIRECTOR
F+4>0>	TED 42 MI Clay Suran for 1011 aunt



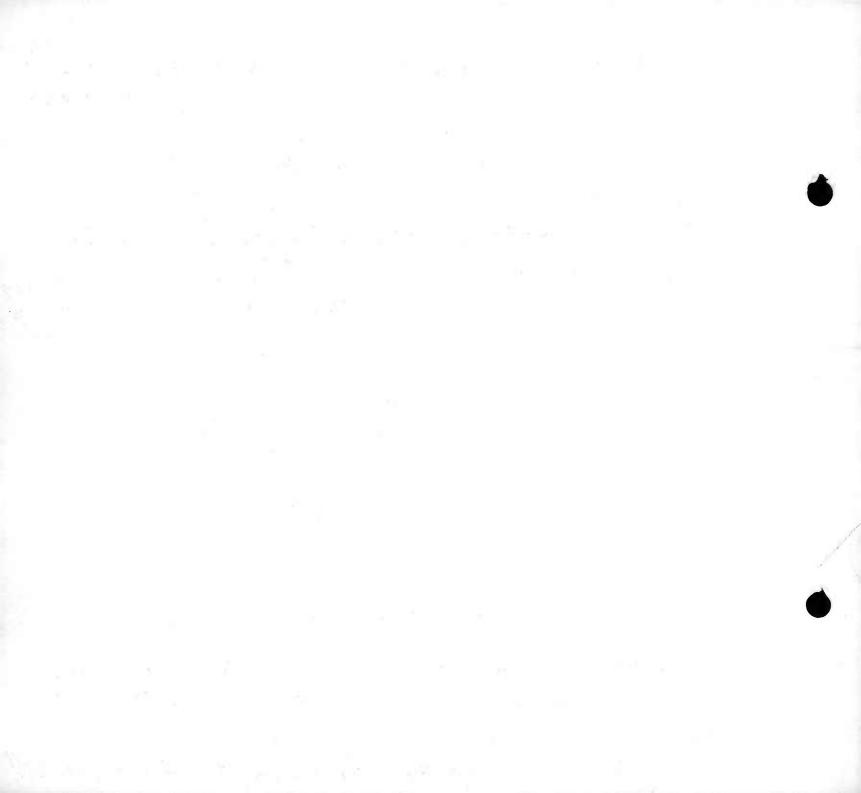
		HEALTH DEPARTMENT		71 1071						
6-450 71 187	4 CERTIFICA	TE OF DEATH	REG. NO.	/1 18/4						
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	2 /-						
(Type or Print) 105EPHINE	GLENN	FEB	18/71	1 8:40 Am.						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If in	stitution: residence before odmission)						
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?						
YUNIVERSITY OF	MARYIAND	BALTIMON	ec-	YES NO						
HOSPITAL	1011/2/21/10	E. STREET AND NUMBER	IRK AL	IE # 21.217						
			. AGE (In years	If Under 1 Yr. If Under 24 Hrs.						
V WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	11/03/09	ost birthdoy	Months Doys Hours Min.						
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?						
done dynn most of working life, even if retired)	-community	mal	3							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	iE 1	.2						
. untrown		ANNIE	COOK	- West 1						
(Yes, no or unknown) (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS						
No.	SECORITI NO.	annie Nens	leven-2	008 Pack au						
18.	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY	CAR	DIO-PULM	ONARY	/						
LEADING TO DEATH										
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injuries as complication which caused death)									
ANTECEDENT CAUSES	B400	1119112 06	= /////							
	(B) DUE TO OP AS	A CONSEQUENCE OF:								
DISEASES OR CONDITIONS, if any, g rise to the above cause (A) stating UNDERLYING CONDITION last.	the <i>W1TH</i> (c)	METASTA	SES							
11										
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING										
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE	FINDINGS CONSIDERED						
WAS PERFORMED	TOR WITCH GLERATION	1/0	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?						
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)						
21D.TIME (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?							
S OF INJURY (APPROX.)	While At Not Whi	е								
	Work At Work	11/10		16 10 11						
22. I certify that (I) (this haspital) attend	ded the deceosed fram	120 10 1	971 to 1	eb 18 1971						
that (1) (we) last saw the deceased alive	an) 100/8	19and the	ıt in(my) (aur) opi	inian death accurred an the date						
and hour and fram the causes stored obe	ve. (1) (We) (did) (did not) v	view the body ofter deoth.	/							
23A. SIGNATURE				23 B. DATE SIGNED						
Ville Cill	Dhy	ending Med. S. Director	Staff Phys.	12518/71						
23 C. PHYSICIAN'S NAME (Type)	DEGREE	23 D. ADDRESS								
	DEGREE									
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME OF CEMETERY OF CR	EMATORY 24D. LC	CATION	ity town, or county) (Stote)						
Durial 2 24-11	mt. Caluar	1 Clm. 1	7.4.	hourts (M)						
25A. DATE REC'D SY "HE'ALTH DEPT. 25B. NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	1 1	ADDRESS						
TER 24 1971 Pagas E Jan	Bay 164 10 0	a clebatt &	General Ho	mell24/ Cardino						
VS 150-REV, 1/1/68		4 4 4								



if death occurred in a hospital and set or contributing cause of death t) Undetermined cause; (5) Deceased was in regular attendance on the the deceased prior to death. Such position is made.	3. FH th	RTH NO. NAME OF I PLACE IN PLACE IN JLL NAME OSPITAL OR SEX Female A. USUAL Or ne during most
the dire kind; (4 death nce on 1	15. (Ye	Josej Wes Deceo: s, no or unkno
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION	OTHER SIGN TO THE DE DISEASE OR UNDERLY! OTHER SIGN TO THE DE DISEASE OR TO THE DE DISEASE OR TO THE DE DISEASE OR TO THE DE DISEASE OR CONTRUDEATH (not 21D.TIME OF INJURY (APPROX.) 21. I certificate of the total contruder of t
į.	VS	150-PEV. 1/1

BI	U-425 71	187		TE OF DEATH	REG. NO	71 1875						
1.1	NAME OF DECEASED			2. DATE	AND HOUR OF DEATH							
_	Barbara Welsma	nn		F	ebruary 22, 1	971 10.30 A.						
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONC	UNCED DEAD			stitution: tesidence before admission						
FU	JLL NAME OF (IF NOT IN HOSPIT	AL OR MISTI	THE COLUMN ASSESSMENT	Maryland	ONIT	2824						
lΗ¢	OSPITAL OR ADDRESS OR LOCA	TION)	TUTION, GIVE STREET									
	311011014			C. CITY OR TOWN Baltimore	D. INS	IDE CITY LIMITS?						
1	7777 - 3 · 10 2 + - 5			E. STREET AND NUMBER		YES X NO						
0	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			711 Winans	•							
5. 5	SEX 6. RACE	-		1								
	Female White	" MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 3/29/1900	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.						
	L USUAL OCCUPATION (Give kind of work			J/27/1700	70							
don	e during most of working life, even if retired)		. POSINESS ON INDUSTRE	II. BIKINITACE (Stote of	oreign country)	12. CITIZEN OF WHAT COUNTS						
				Hungary		USA						
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME							
	Joseph Welsmann			anna								
15.1	_	2	116 60 0144									
(Yes	Wes Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or dates	of service)	SECURITY NO.	17. INFORMANT		ADDRESS						
			215-01-3960	Robert J. We	lsmann, 711	Winans Wav						
	18.		CAUSE OF DEATH		,	APPROXIMATE INTERVAL						
	DISEASE OR CONDITION DIRECTLY APPROXIMATE INTERV											
	LEADING TO DEATH		ALL DAMES DAME CAR	SE arterischent	T A. D' O							
	(This does not mean the made of	o 190 T										
	injury or complication which caused	does not mean the mode of dying, e.g., I failure, asthenia, etc. II means the disease, y ar camplicotion which caused death.)										
	ANTECEDENT CAUSES											
	DISEASES OR CONDITIONS, if a rise to the above cause (A)	ny, giving	A CONSEQUENCE OF:		***************************************							
	UNDERLYING CONDITION last	stoling the	(c)									
1	11		\\/									
Z	OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING										
==	TO THE DEATH BUT NOT RELATED TO THE	E TERMINIAL	***************************************									
0	DISEASE OR CONDITION GIVEN IN PART 19A-DATE OF OPERATION 19B COND	TON FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or	WIDNIGS CONSTRUCTION							
	WAS PERFO	RMED	with with the same of th	Adioestities of	IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?						
8	21A. ACCIDENT WAS UNDERLYING	1210	PLACE OF INTURY	0.01								
	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	nom	PLACE OF INJURY (e.g., in e, form, foctory, street, olfi	ce bidg., INJURY OCCUR?	(If tn Boltimore	City, give exoct locotion)						
0	DEATH (notity medical examined)	etc.)										
	21 D. TIME (Month! (Doy! (Year) OF INJURY	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID II	IJURY OCCUR?							
5 I	(APPROX.)		le At Not While									
	(APPROX.) Work At Work											
1	22. I certify that (1) (this hospital)	attended ti	ne deceased from Jan	uary 9	19 71 to Feb.	22 19 71						
-	that (1) (see) last saw the deceased	alive an	February 21	77		Ian death occurred on the dat						
	and haur and fram the causes state	d abave. /1	\ (Ha) (did) dalahaman .		intmit tant abili	avoin occurred on the dat						
	23A. SIGNATURE		, (e) (eig) (gig.uet) At	ew the bady after death								
	40 Am		AHan	ding Med.		23 & DATE SIGNED						
	sour trespe		DEGREE Phys.	Director Director	Staff Phys.	2-23-71						
- 1	23C. PHYSICIAN'S NAME (Type)	1	23	D. ADDRESS								
	Jno A. Nesbitt, J	r. MD		1000 P	3. Th							
24A.	BURIAL CREMATION, 248. DATE		ME OF CEMETERY OF CREA	1009 Frederic								
						, town, or county! (Stotel						
	Burial 2/25/71	Lou	ıdon Park	Ba	altimore, Mar	yland						
25A.			F REGISTRAR,	25C. FUNERAL DIRECTO	R	ADDRESS						
	52 R 9 A 66590 GJ /2 A	Co other le	- 14 Th 300									
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E Vals	The sale and the sale of	WITZKEN Funera	M Director D	630 Edmondson Ave.						

-	520	BALTIMORE CITY HEALTH DEPARTMENT
	and sed the uch	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 71 1876
	l and death eased n the Such	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
	8 00-	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institutions residence before admission).
	hospit ise of (5) De ance death	A. STATE B. COUNTY
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
	a he caus se; (; enda to d	institution D. Inside City Limits?
	lin a ng cau cause; attend ior to	Bon Secure Apple E. STREET AND NUMBER
	TO L .	215 NMONROE St 21223
A		5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lit Under 1 Yr., If Under 24 Hrs. Months; Days Hours; Min.
	occur contrik ermin regul eased is ma	WIDOWED DIVORCED STORY
	e ii e	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY?
	dec t or Unc as as e d	13. FATHER'S NAME DRIVER DANIATION + FOT , V. C.A ROLINA 1.5.
_	nt if dedirect of; (4) Unwas in the disposit	14. MOTHER'S MAIDEN NAME
Z		15. Was Deceased Eyer in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
ORTAN	ssistant the di r kind; death ince on final di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 2120
S	55 - TiT	18. CAUSE OF DEATH CAUSE OF DEATH
IMP	o, fa nc d	DISEASE OR CONDITION DIRECTLY
2	- v 0 3 + b	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE (IR EM / A) DUE TO, OR AS A CONSEQUENCE OF
ä	. = = =	heart failure, asthenia, etc., it means the disease, injury ar camplication which caused death.) DUE 10, OR AS A CONSEQUENCE OF:
OR	E E C 3 E	
5	exam exam 3) A f who	DISEASES OR CONDITIONS, if any, giving DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
RE	3 9 € 5 1 1 2 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	inse to the obave cause (A) stating the UNDERLYING CONDITION lost. (C) Malignaus Huppingus Huppingus.
0	medical burns; bysicia n was remain	(C)
AL	medicaledical burns; hysicien was remair	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
2	4 - > 4 - 0	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
NER		19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F	C	In Boltimore City, give exact location
	tal tal he to be	DEATH (notify medical examines)
	ed by nospirature pt w (6) h	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	hosp natur eept w d (6)	(APPROX.) White At Not White At Wark
	prov the h ny n exce and obtai	22. I certify that (I) (this haspital) ottended the deceased from FEG 2/ 197/ to FEG 23 197/
	of a of a of a of a of a of a of a of a	that (1) (we) lost saw the deceased alive on 1011 FEB 23 19 71 and that In(my) (our) opinion death occurred on the date
	771 . + + A	and haur and from the causes stated obave. (1) (We) (did) (did not) view the body ofter death.
	based dent nospit dear must	23A. SIGNATURE
		Attending Med. Staff Phys. Director Phys. Director Phys. 23 71
	was r An a L at o prior	23C. PHYSICIAN'S NAME (Type) Manuel Galdes 23D. ADDRESS Bon Secours Hospiel
	May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24A. BURIAL CREMATION, 24B. DATE 24C. NAME at CEMETERY as CREMATORY
	L TO O _	REMOVAL (Specify)
	the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25F UNERAL DIRECTOR ADDRESS 77
	This the I show was dece	FEB 24 1971 Paber E. Jaben, M.D. O Morten Diett F. H. 1701 - LAU PAC
	- 1	VS 150-REV. 1/1/6B

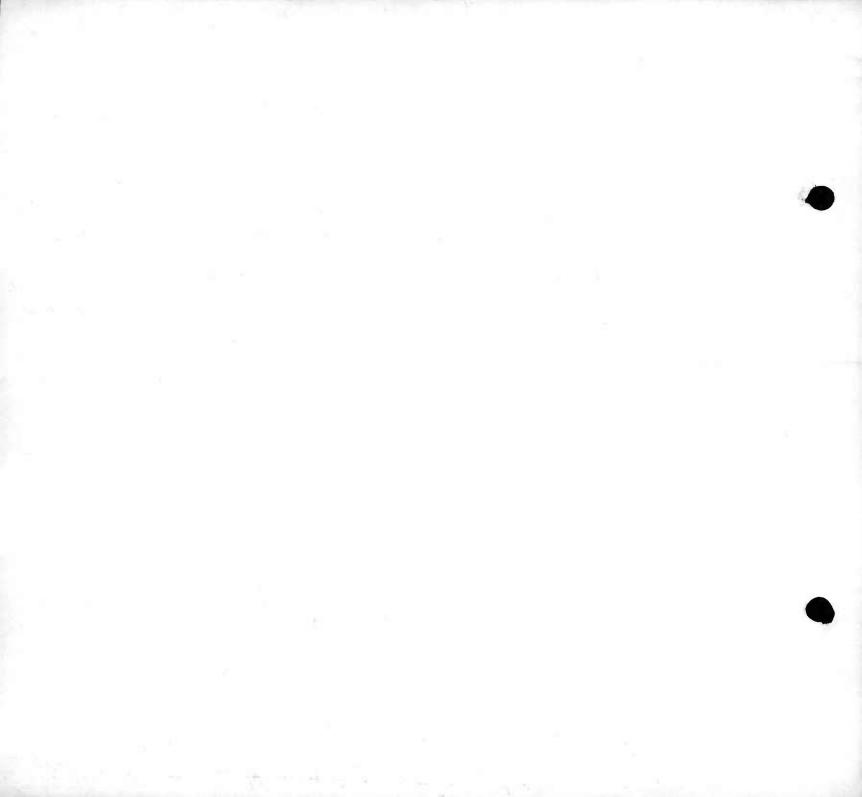


BALTIMORE CITY HEALTH DEPARTMENT

BIR	71 th NC.	1877	MED	ICAL		AMINER'S			OF I	DEA1	TH REG	No.Z	1	187	7
	AME OF DE	CEASED	CARRIE	ASHI	ORT	(Ashford)	2. DATE OF DEATH	Known [Month	Day	1	Year	Hour	
FULI	LACE IN BA	(IF NO	ARYLAND, Y	HERE PR	RONO	UNCED DEAD	3. DATE	DUNCED DEAL		Month 2	Doy 18		Yeor 1971	Hour 5:5	50 p
	NSTITUTION		Hospit) (AOC		5. USUAL A. STATE	Md.	Where o	lece ased 1	ived. If ins B. COU	titution: r NIY	esidence	before odr	nission)
6. S	EX	7. RACE		B. MARR	NED X	NEVER MARRIED	C. CITY O	RIOWN		•	D. INS	DE CITY	LIMITS?	-	
	female	neg	ro	WIDOW				Balto.				YES	[X]	№ □	
9. D	ATE OF BIRT	H	10. AGE (ir lost birthdo		If Und Month	der 1 Yr. If Under 24 Hrs. s Doys Hours Min.		3 N. Fu		a Ave					
11. E	BIRTHPLACE (State or forel	ign country)			TIZEN OF	13. FATHE	R'S NAME							
	Riichm	ond, V	irginia	3		HAT COUNTRY?	Clen	Woodfo	olk						
14A.I		PATION (GI	ve kind of work			USINESS OR INDUSTR	15. MOTH	ER'S MAIDEN	NAME						
30116	N/A	working me,e	ven wiemed)		N/A		Marc	garet Wo	odf	olk					
	NAS DECEAS				?	17. SOCIAL	IB. INFOR		, , , , , , , , , , , , , , , , , , , 	0110		ADD	RESS		
(1 63)	110 OI VIIKIIOWI	Mu Aes' Mise	wor or doles	or service	'	SECURITY NO.	Ress	ie McGow	4On		Ral	timo	ro l	Maryl	and
1	9. 1	19.				CAUSE OF DEA		ic ricgov	VOIT		bai	CHIIO	A	PPROXIMATE	INTERVAL
	DISEAS	E OF CONT	NEION DIDE	CTIN									BET	WEEN ONSE	AND DEA
	DISEAS	LEADING TO	DITION DIREC O DEATH	-111		A.MANTEDIATE C	Ci	rrhosis	of	1ive	r			2	
	(This does a	not mean the	mode of dy	lng, e.g.,		(A) IMMEDIATE O	AUSE								
	injury or con	mplication wh	tch coused dec	oth.)											
	ANTECEDENT CAUSES (a)														
	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE														
	RISE TO TH	E ABOVE CA	LUSE (A) STAT	ING THE											
8			TOTAL EAGIT			(c)									
CERTIFICATION	TO THE DE	ATH BUT NO	II NDITIONS CO T RELATED TO I GIVEN IN PA	THE TERM	INAL										
E8 2	OA. DATE O	F OPERATIO	N 208. CON	NOITION	FOR W	HICH OPERATION WA	S PERFOR	MED		-		2	I. AUTO	PSY? (Ye	s or No)
1.14	0													no	
잉	ZA. EXTER UNDERLYING UTING CA		ITRIB-		228. PL home,	ACE OF INJURY(e.g., farm, foctory, street, office	tn or obout bldg., etc.)	22C. WHERE I	DID (If	In Boltimo	ore City, gi	ve exoct i	locotion)	110	
Σ	22D. TIME		Doy) (Yeor) (Hour) 228	INJURY OCCURRED		22F. HOW DI	D INJU	RY OCC	UR?				
	OF INJURY (APPROX.)			575	WH		WHILE								
2	3. 1 cert	ify that I I	neld onL	aguiry [Inspection 🔀 Au		ond that	on this	s basis,	deoth is	n mv on	Inlon		
			Natural cau	1	_	cldent Suicid		omicide 🗌			ned man				
			/	A	/	10		CHIEF MEDIC							
	ACTUAL		16	MH	15/1	1 Str	ASS	ISTANT MEDIC			X			DATE SI	GNED
	SIGNAT EXAMIN NAME (ER'S	Isidor	e Mil	nala	kis, M.D.		OCIATE MEDIC					2	2-19-7	71
24A	BURIAL CRE	MATION,	24B. DATE			NAME of CEMETERY	or CREMAT	ORY	24D. 10	CATION	City	, town, o	r county) /c	tote)
REN	Burial	ify)	2-22-71			rbutus Memor								(3	.5.67
	DATE REC'D					F REGISTRAR		1			ore,				1217
ZJA				V3 -		Jaben K.D.		FUNERAL DIE			LI ·		RESS		1217
		-EB 24	4 1971	Plote	יא כלי איני	, valous, red,	i M	orton &	Dye	יוו ד	. П.	1/01	Laui	ens) L.
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Hills (a) Firsting Sina milesoniani Derical certain reserved to the second of the ALTUorton 2 dette. . . Mark to te no to.

VS 150-REV. 1/1/6B



S 530

BII	71 RTH NO.	1879	MED	ICA	L EXAMINER'S			DEAT	H REG. NO.	71	1879			
1.	NAME OF DEC	CEASED				2. DATE	Known 🟝	Month	Day	Year	Hour			
(1)	pe or Print)	Samue	10. Sn	nith		OF DEATH	Estimated	2	21	71	9:55 p _m .			
4.	PLACE IN BAL	TIMORE, M.	ARYLAND, V	HERE P	RONOUNCED DEAD	3. DATE		Month	Day	Yeor	Hour M.			
HO	LL NAME OF SPITAL INSTITUTION	(IF NO	ESS OR LOCA	AL OR INS	STITUTION, GIVE STREET		INCED DEAD	2	21	71	9:55 p. M.			
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4							S. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY Md.							
6. SEX 7. RACE B. MARRIED NEVER MARRIED WIDOWED DIVORCED							C. CITY OR TOWN D. INSIDE CITY LIMITS?							
							Balto. YES NO							
	ept 10.		10. AGE (Ir lost birthde	y)	If Under I Yr. II Under 24 Hr Months Doys Hours Min	n.	ND NUMBER	ac Assou						
	BIRTHPLACE (S				12. CITIZEN OF	13. FATHER	0814 Power	s Aver	lue					
	Baltimo				WHAT COUNTRY?	John S	400.00							
144	USUAL OCCU	PATION (GI	ve kind af work	14B. KINI	O OF BUSINESS OR INDUST			WE						
don	e during most of v	vorking life, e	ven if relired)			Fila	Smith							
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	S? IT. SOCIAL	18. INFORM	Smith		Ar	DRESS				
(Ye	s, no or unknown	(If yes, give	wor or dotes	of service	217-186976.		Smith	10814	Powwers		46, Md.			
	19.	2.11	920		CAUSE OF DE	ATH					PROXIMATE INTERVAL			
	DISEAS	E OR CONE	OITION DIREC	CTLY		Carcino	ma of Lun	ng						
		LEADING TO			ANIMMEDIATE			Ü						
Н	(This does not mean the mode of dyling, e.g., heart foilure, asthenio, etc. it means the disease,													
	Injury or con	nplication whi	ich coused dec	th.)										
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (B) DUE TO, OR AS A CONSEQUENCE OF:													
	RISE TO THE													
Z	I INDEPLYING CONDITION LAST													
은														
CERTIFICATION	TO THE DEA	ATH BUT NO	NDITIONS CO TRELATED TO I GIVEN IN PA	THE TERM	AINAL									
ERT	20A. DATE OF	OPERATIO	N 208. CON	IDITION	FOR WHICH OPERATION Y	WAS PERFORM	ED	-		21. AUTO	PSY? (Yes or No)			
\overline{o}	0							1	no					
Y.	22A. EXTER	NAL CAUSE	WAS		228. PLACE OF INJURY (e.g	., in or obout 2	2C. WHERE DID	(If in Baltimor	e City, give exp	ct lacation)				
EDICAL	UNDERLYING				home, form, foctory, street, aff	ice bldg., etc.) It	AJURY OCCUR?							
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	23.					WORK								
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	result	ted fram: N	latural cou	ses XX	Accident Suic	ide 📙 Ho	micide 🔲 🔝	Undetermin	ned manner					
	ACTUAL	-	H.	11	1-1/11		HIEF MEDICAL E	XAMINER	\sqcup		DATE SIGNED			
	SIGNATI	JRE.	LY	LL	O YULLIAM	D. ASSIS	TANT MEDICAL E	XAMINER			DATE SIGNED			
	EXAMIN		Peter	Lipl	kovic, M.D.	ASSO	CIATE MEDICAL E	XAMINER		2	2/22/71			
24.	NAME (T	MATION,	24B. DATE		24C. NAME of CEMETER			LOCATION		, ar county)	(Stote)			
	MOVAL (Specia	fy)	0 01	7.1	Don't Cham	1 Com								
	Burial A. DATE REC'D	BY HEALTH	2-24-7		Bazil Chape		UNERAL DIRECTO		lle, Md	THE STATE OF THE S				
23		0 / 40	74 0/	- 1	Jaben M.D.					DDRESS	nc C+			
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BIRTH	NO.										REG.	NO/	7.5	(0U
1. NA/			2. DATE OF DEATH	Known Estimate		Month	Day	Ye	or Hou					
WM HENRY HICKS 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							3. DATE			Month	Day	Ye	or Hos	M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)								UNCED DE	1		ary 22			10:30 R.
4		UTH BAI	LTO. GE	NERA	L H	OSPITAL	A. STATE	Mary:			B. COUN		5	odmission)
6. SEX		7. RACE				NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
Male Negro WIDOWED DIVORCED						Balto. YES NO								
	E OF BIRTI	H	10. AGE (In)	If Un Month	der 1 Yr. II Under 24 Hrs. hs Doys Hours Min.		AND NUMB				123 🚨	NO E	
	2-2-	- 1		43			-	Alman	Ave	nue			133	
II. BIRT	HPLACE (S	tote or loreig	on country)			ITIZEN OF	13. FATHER							
L	enoir	Cty, N	lorth C	ar.	Ϊ	HAT COUNTRY?		on Hick						
done dur	JAL OCCU	PATION (Giv	e kind of work	4B. KIND	OF B	SUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN	NAN	1E				HI U
100			,	Tre	uck	Driver	Ali	ce Hick	KS					
16. WAS	DECEAS	ED EVER IN	U.S. ARMED	FORCE	?	17. SOCIAL SECURITY NO.	18. INFOR	MANT				ADDRESS		
Ye		(ii yes, give v	wor or doles i	N Zetaire	'	246-409212	Mrs.	Esther	· Hi	cks	4007	Boarma	n Ave	. 21216
19.	-0	17.1.1	V			CAUSE OF DEA		40 0.101		0110	.007	BO	APPROXIA	MATE INTERVAL
1 2	- T	of T					BETWEEN ONSET AND DEATH							
		E OR COND LEADING TO		TLY			Burns							
(1	(This does not mean the mode of dying, e.g., heart failure extension at a thready the disease													
C R	heort failure, asthenia, etc. It means the disease, Injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.													
2						(c)								
SH I	O THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	HE TERM	INAL									
. 1	DATE OF	OPERATION	208. CON	DITION	FOR V	WHICH OPERATION W	AS PERFORA	MED				21. Al	yes	(Yes or No)
E UTI	DERLYING	NAL CAUSE OR CON USE OF DEA	TRIB-		22B. Pl hom e,	LACE OF INJURY(e.g., form, foctory, street, offic Street		Round I	Rd.	and B	ethune	Rd.	1	62
OF (AP	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? Subject fell into ho (APPROX.)2-13-71 7:30-8:00P m. WHILE AT NOT WHILE AT WORK X with hot water											nto hole		
23.	23. I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion													
	resulted from: Notural couses Accident Sulcide Homicide Undetermined									ned monn	er 🗌			
		*	1	1.1		CHIEF MEDI								
	SIGNATURE A CALLY MICHAEL M.D.							STANT MEDI	CAL EX	CAMINER	\mathbf{x}		DATE	SIGNED
	EXAMINI NAME (T	ER'S RO	onald N	. K6	rnb	lum, M.D.		CIATE MEDI	CAL EX	CAMINER		2/2	3/71	
	RIAL CREA	AATION, 2	4B. DATE		24C	NAME of CEMETERY	or CREMATO	RY	24D. L	OCATION	(City.	town, or cou	nty)	(Stote)
	AL (Specif	Y)			S	t. James Fre	ewill E	Bapt						
	ATE PECID	BY HEALTH 1	28-7	250 50		OF REGISTRAR	Ceme	ery		<u>Kinsto</u>	on, No	rth Ca	olin	a
23A. D/	ALE KEC D	2 / 107	11			Ben M.D.	25C.	FUNERAL DI	KECTO	K		ADDRESS	21	217
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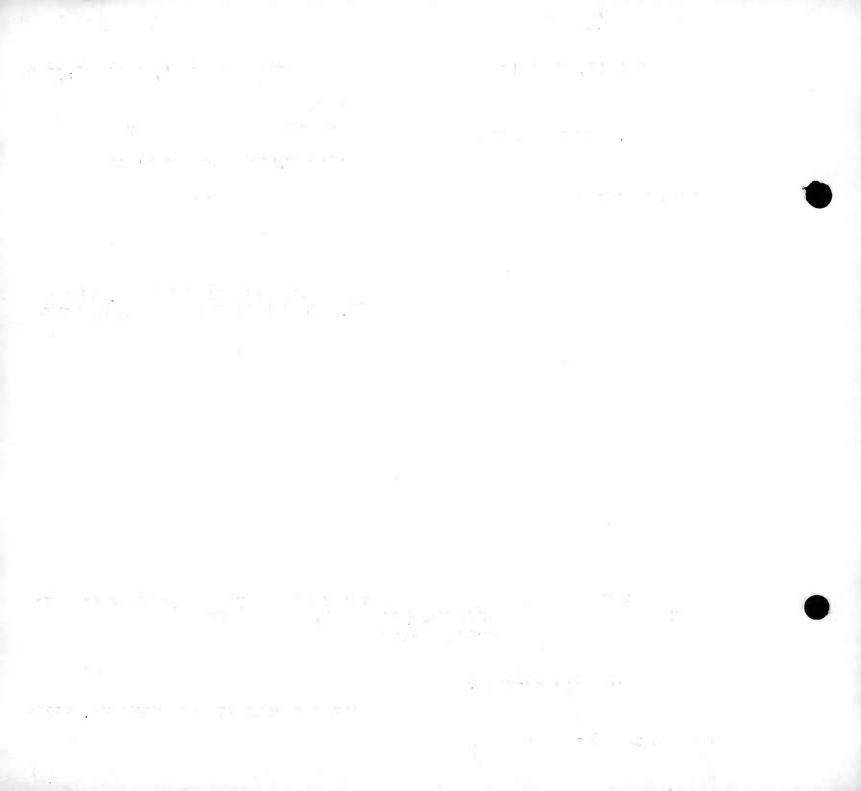
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	S CERTIFICATE OF DEATH REG. NO. 71 1883									
(Aundra) AUDREY HOWARD	2. DATE Known Month Day Year Hour OF DEATH Estimated Month M.									
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Day Year Hour PRONOUNCED DEAD February 20,1971 9:00 P.									
46 LUTHERAN HOSPITAL	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY									
Female Negro WIDOWED DIVORCE	Baltimore YES NO									
9. DATE OF BIRTH 1-25-51 10. AGE (In years If Under 1 Yr. If Under 24 Months Days Hours 1	Hrs. E. STREET AND NUMBER 2728 Edmondson Avenue									
Rocky Mt. N. C. 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Ltther Taylor									
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDI- done during most of working life, even il retired)										
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO	Rosa Hulin 2728 Edmondson Ave. 21217									
LEADING TO DEATH (This does not meon the mode of dying, e.g., heart lailure, osthenio, etc. it meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.										
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).										
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 204. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION	N WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes									
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- home, form, factory, street, uting ☐ CAUSE OF DEATH.	(e.g., In or about 22C. WHERE DID (If in Boltimore City, give exact location), office bldg., etc.) INJURY OCCUR?									
22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED. OF INJURY (APPROX.) MHILE AT NOT WHILE AT WORK MOT WHILE AT WORK										
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	Autopsy ond that on this basis, death in my opinion uicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 2/21/71									
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 2-25-71 Mt. Aubur	n Cemem. Baltimore, Md.									
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR FEB 24 1971 Jabels Englished W. D. VS 151-REV. 1/1/68	Norton Dyett F. H. 1701 Laurens St.									

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	71 1	1884 MEI	DICAL		MINER'S				F DEA	ATH,	FG. NO.	71	1884	9
1. 1	TH NC. NAME OF DEC e or Print)					2. DATE	Kno	own 🗆	Month		Day	Year	Hour	
FUL	LACE IN BAL L NAME OF	TIMORE, MARYLAND, (IF NOT IN HOSPI ADDRESS OR LOC	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD February 20,1971 2:15 A.											
MARYLAND GENERAL HOSPITAL							5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY							
	Male	7. RACE Negro	B. MARR		EVER MARRIED DIVORCED	Ва	or town	re		D. I	NSIDE CIT		NO [
	ATE OF BIRTI 3-19-46	lost birthd	in yeors oy) 24	If Under Months : 1	l Yr. II Under 24 Hrs. Doys Hours Min.		TAND N 2 Wall		k Ave	nue				. 2
11. BIRTHPLACE(Stote or foreign country) Baltimore, Md. 12. CITIZEN OF WHAT COUNTRYA						Ri	er's NAM	Harp						in A
done	Unemple					In	dia Ha		AME					
(Yes	no or unknown)	ED EVER IN U.S. ARME (Il yes, give wor or dote:	of service	21	SOCIAL SECURITY NO. 2-44-9457	Ri	chard	Harp	er 2	042 h			Balto, ve. 2121	7
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follure, osthenio, etc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL													
	DISEASE OR	AS PERFO	RMED					21. AUT	OPSY? (Yes or	No)				
EDIC	UNDERLYING UTING CA	NAL CAUSE WAS OR CONTRIB- USE OF DEATH. (Month) (Doy) (Yes		home, forr	E OF INJURY (e.g., n, foctory, street, offin Frolick Bar	te bldg., etc.	1401	Penn	a.Ave	nue,			102	
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. 22F. HOW DID INJURY OCCUR? (APPROX.) 2-20-71 2:00 A. m. WORK Shot during altercation 23.													
	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death resulted from: Natural causes Accident Suicide Homicide Undetermined machine Medical Examiner Actual Signature Examiner's Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER										_	_	date signi /71	ED
RE/	BURIAL CREA MOVAL (Specifical)	MATION, 24B. DATE (y) 2-24-	1		AME of CEMETERY		THO .	24D	, LOCATI Ba	on (City, town,	, or count	y) (Stote	,
	. DATE REC'D	ву неацін DEPT. FFB 24 197	25B. N	AME OF	REGISTRAR	250	or tor		TOR		A	DDRESS	urens St	•
VS.	51-REV. 1/1/68	N8	200	A	49	1]		0 6	,		19	212	217	-

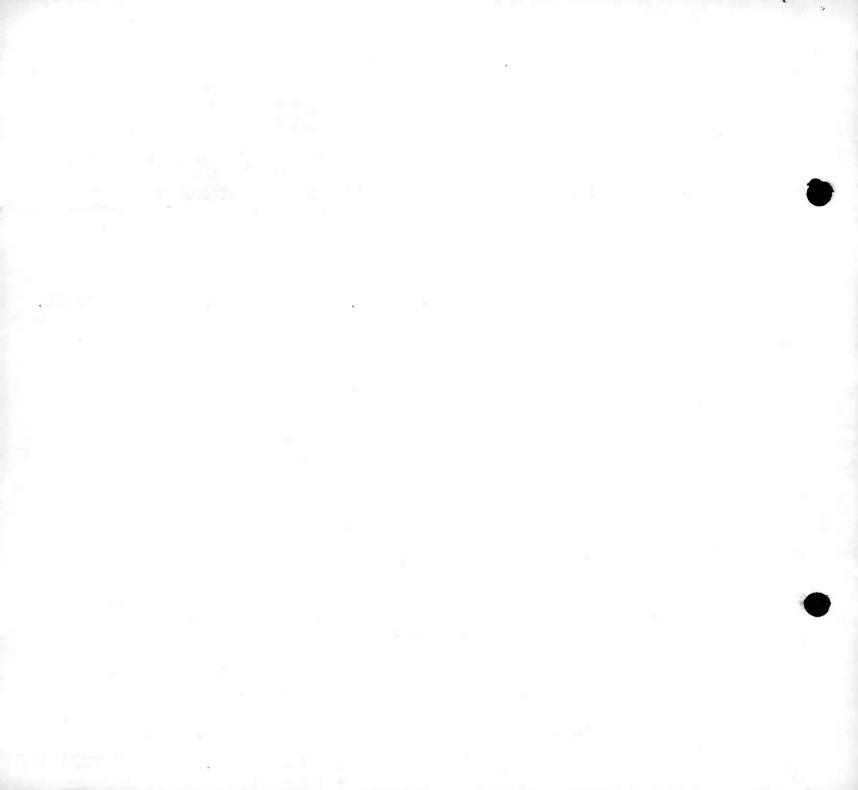


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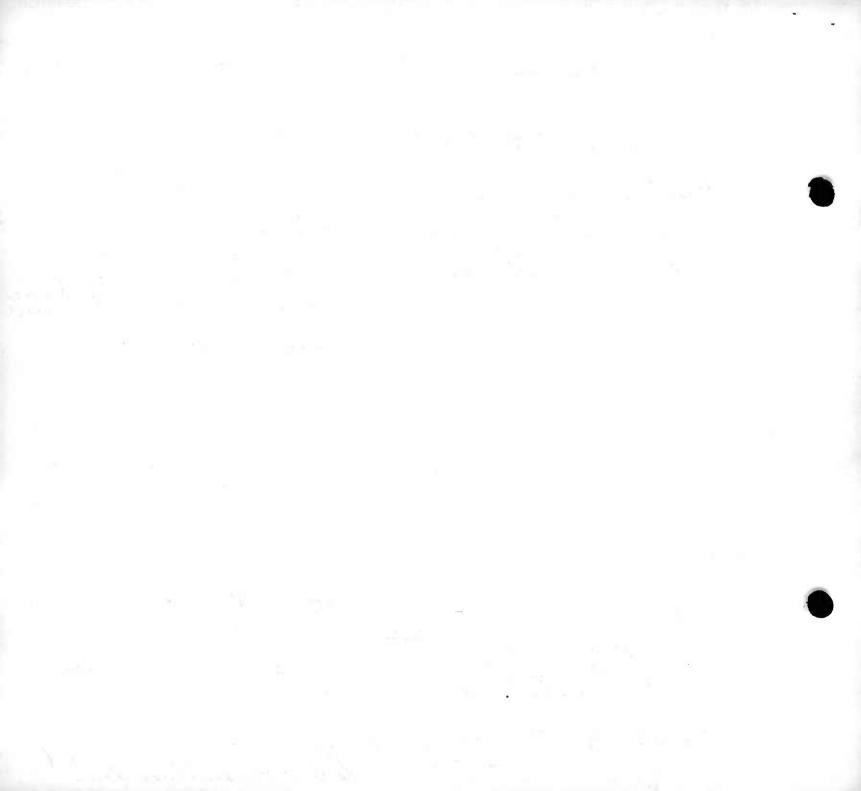
BALTIMORE CITY	HEALTH DEPARTMENT									
DIKITI ITO.	TE OF DEATH REG. NO. 71 1887									
Type or Print) ELECY JOHNSON	2. DATE AND HOUR OF DEATH									
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)									
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	Md. BALTIMORE 2562 CCITY OR TOWN D. INSIDE CITY LIMITS?									
3 Johns Hopkins Hospital	E. STREET AND NUMBER									
	3202 CHARRY LANE RD.									
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 12/11/07 G Z If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.									
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State of fareign country) 12. CITIZEN OF WHAT COUNTRY?									
13. FATHER'S NAME	Baldo. Md. U.S.A									
UNKNOWN	14. MOTHER'S MAIDEN NAME UNKNOWN									
15. Was Decembed Ever in II. S. Armed Faccos? 11.6 social	17. INFORMANT ADDRESS									
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY No. 218 03 3712	014 A C C 100 C 100 C C C C C C C C C C C C C									
18. CAUSE OF DEATH	APPROXIMATE INTERVAL									
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH									
(This does not mean the mode of dving, e.g., (A) IMMEDIATE CAU	SE SEPSO 150 A CONSEQUENCE OF:									
injury ar camplication which caused death.)	i neutr ichiure, asmenia, etc. it means me alsease,									
ANTECEDENT CAUSES BYOUN	SPEM CVA ZWK									
	A CONSEQUENCE OF:									
rise to the above cause (A) staling the UNDERLYING CONDITION last. (C)										
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL										
S DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED									
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?									
21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While As Not While	n of about 21C. WHERE DID (II in Boltimare City, give exact location) lice bldg. INJURY OCCUR?									
OF INJURY (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?									
(APPROX.) While At Not While At Wark										
22. I certify that (i) (this hospital) attended the deceased from 19 to 19										
that (1) (we) lost saw the deceased office on 2/2/7/19 and that In(my) (our) opinion death occurred an the date										
and hour and from the causes stated above (1) (We) (did not) view the bady after death.										
23A. SIGNATURE Wid AHer	nding Mod. Stoff									
23C. PHYSICIANS	nding Med. Stoff Director Phys. 7									
NAME ITYPE DUNAL TOWNS MO	Carl NI Broom Dall in O									
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, of county) 15tote)									
Burial 2-25-71 MT. 14-600	v.Com. Br. Himme Ind.									
FEB 24 1971 Caber & Garden Contract	25C. FUNERAL DIRECTOR D. W. /S - COCB on the hor									
VS 150-REV- 1/1/68	The same of the sa									

3202 Cherryland Rd.

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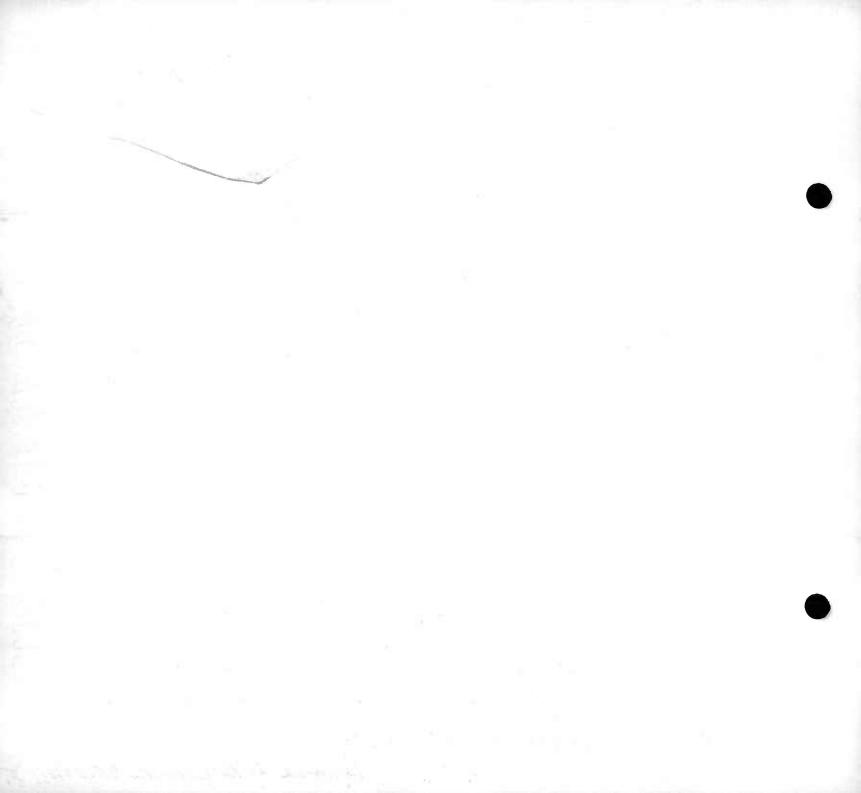
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IMPORTANT

DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/68

NO

Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

U.S.A.

ADDRESS

If Under 24 Hrs.

and that in(my) (aur) apinian death accurred an the date

238, DATE SIGNED 2/23/71

(City, town, or county)

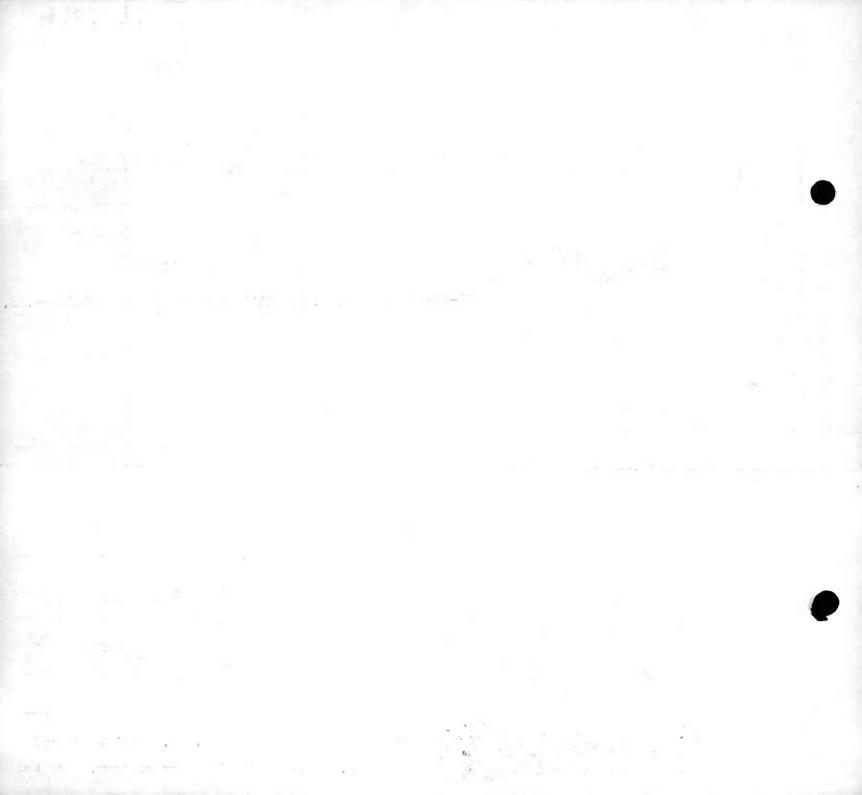
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IMPORTANT

FUNERAL DIRECTOR:

Mass	BALTIMORE CITY	HEALTH DEPARTMENT		m/4 400%						
DIKITI INU.	94 CERTIFICA	TE OF DEATH	REG. NO.	11 1894						
1. NAME OF DECEASED (Type or Print) MCKGY	16	2. DATE AN	22, 197	1 3:20 1.						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)								
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION	ISTITUTION, GIVE STREET	C. CITY OR TOWAY	1	E CITY LIMITS?						
44 Union Mempin	1 Hosp.	Baltimn	٠.	YES NO						
1 33 Ed of Culny	f 3ts.	E. STREET AND NUMBER								
5. SEX 6. RACE 7. MARI		B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.						
10A USUAL OCCUPATION (Give kind of work 10B, KIN		8 / - 00	70							
done during most of working life, even if refired)	D OF BOSINESS OR INDUSTRE	Mary has	ign country)	12. CITIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0/0.//.						
Lee MCKO	4	Flohene	e Watts							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS						
	172-18-4629A	Ada Ennis 11:	12 Ramblewood	Road Baltimore, Md						
18.	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1.1),/	STATES OF STATES OF STATES						
IThis does not mean the mode of dylng, e.g., heart failure, asthenia, etc., it means the disease.										
Injury or complication which caused death.) ANTECEDENT CAUSES										
(B) PUDNIC Failure										
DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stating the UNDERLYING CONDITION last, (c) CINCINOMIA of Sigmo of Colom with mutastase										
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG IAL									
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? IYes or No	208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED						
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)	or obout 21 C. WHERE DID	(If to Boltimore (City, give exact location)						
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?							
(APPROXI	While At Work At Work			,						
22. I certify that (1) (this hospital) attended the deceased from Feb. 15 19 7/ to Feb 22 19 7/										
that (1) (we) last saw the deceased alive on Feb. 21 19 11 and that In (my) (aur) apinian death accurred an the date										
and hour and from the causes stated above. (1) (We) (dtd) (did not) view the bady after death.										
23A. SIGNATURE	14.000	Jr		3R DATE SIGNED						
Klount	DEGREE Phys.	ding Med. Director	Staff Phys.	Teb 22 1971						
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS								
24A. BURIAL CREMATION, 24B. DATE 240	DEGREE C. NAME of CEMETERY OF CRE	MATORY 240. LC	CATION (City,	town, or county) (State)						
REMOVAL (specify)			_							
	t George Episcop	25C. FUNERAL DIRECTOR	Ley Lee, St.	Mary's Maryland						
FEB 25 1971 Res 2 2	C. C. C. C. C.	WiClarke Mat	ingley Leon	ardtown, Maryland						
TW TWO-06 TO 1/1/49	The same of the sa									



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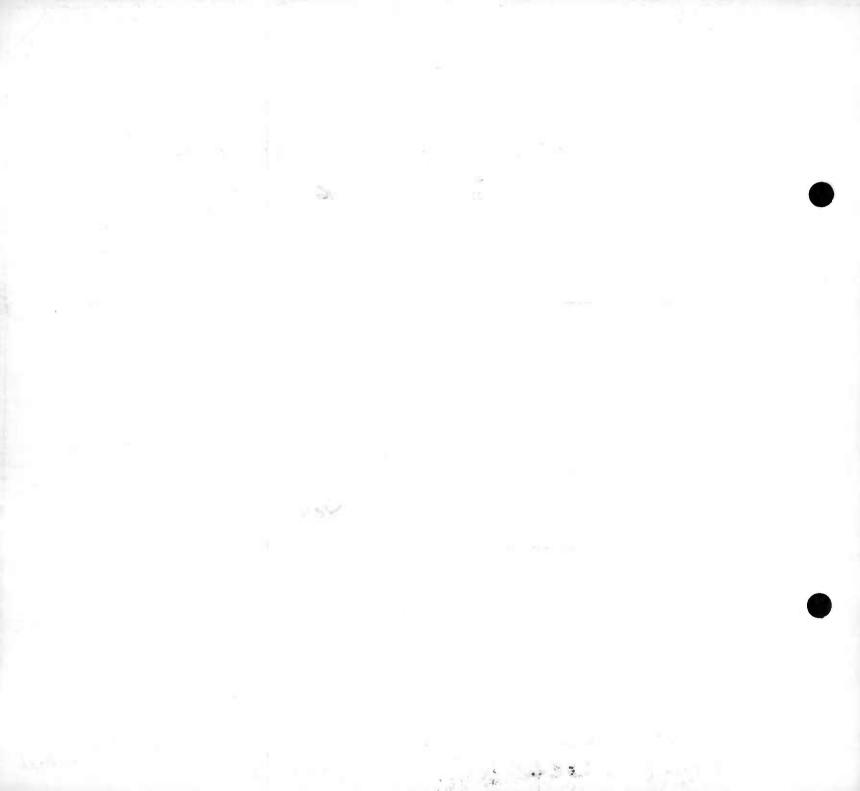
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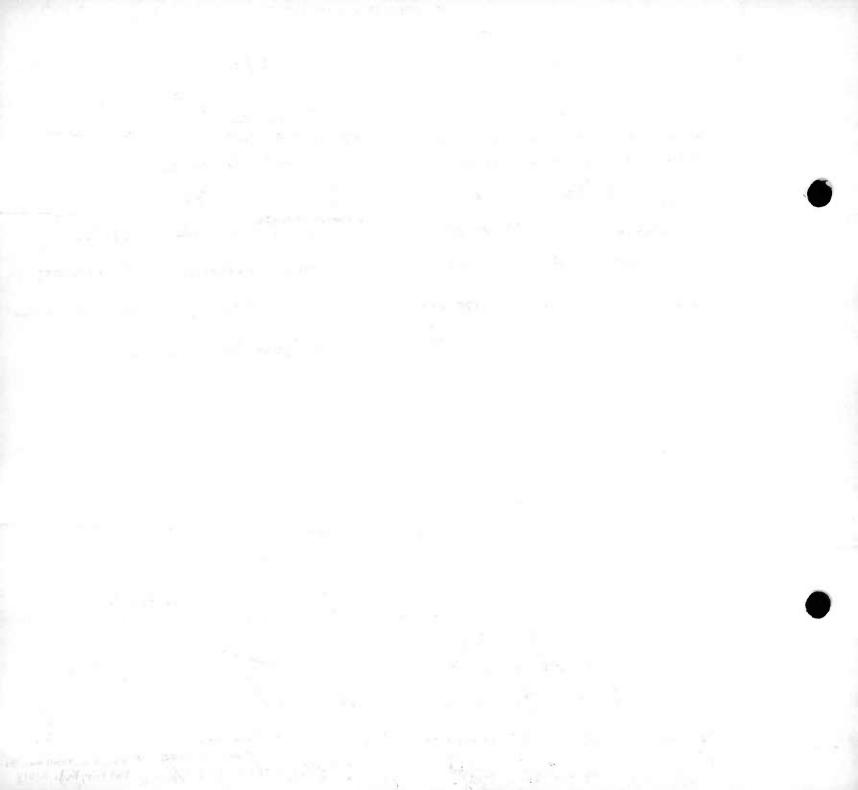
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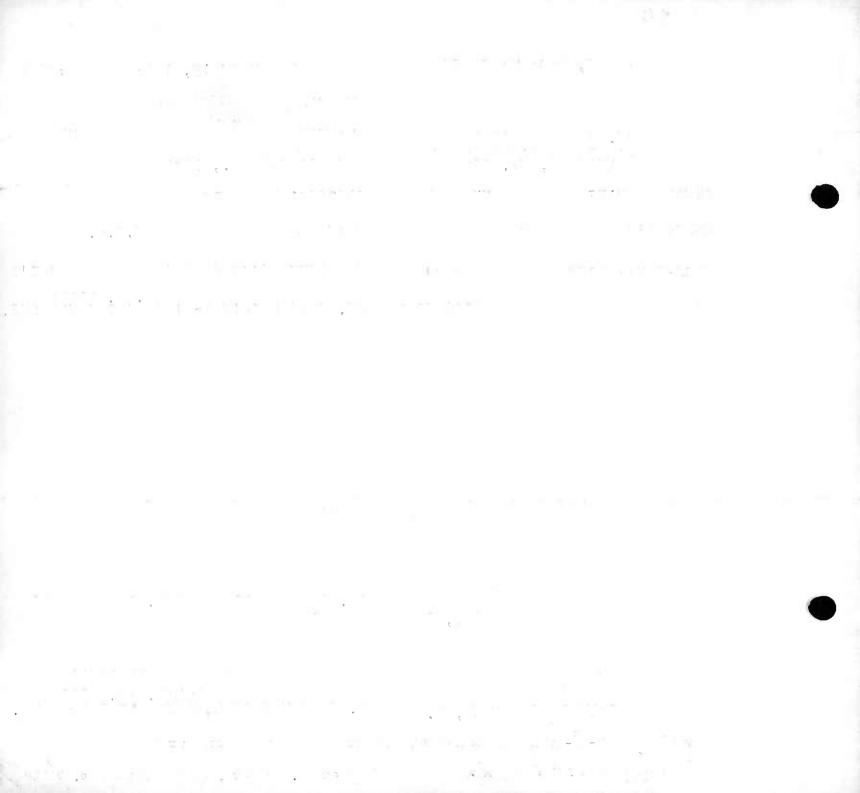


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•	and eath ased the Such	BIRTH NO.
	_ 70 40 52	(Type or Print) 2. DATE AND HOUR OF DEATH
	of d Dece	3. PLACE IN BATIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	nospir use of ; (5) De dance	FULL NAME OF THE NOT IN HOSPITAL OR INSTITUTION CIVE STREET MODE / /A . ID HOSPITAL CO. (2 2
	nd nd	INSTITUTION C. CITY OR TOWN BELL AND D. INSIDE CITY LIMITS?
•	ting of causer attemption	CORANA VA NURSING CENTER LE STREET AND NUMBER
_ 8	butined lar	5. SEX GRACE VILLED TO SAVE BOLLAND AUG
		MARKIED NEVER MARRIED NEVER MARRIED Never Marrier 19. Age tin years 90 11 Under 1 14. If Under 14 Hrs.
	reguese ease	MA (9 WIDOWED DIVORCED DO BO 9/ 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. CITIZEN OF WHAT COUNTRY
	or or con s in dec	Dennisgivania
-		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
= =		CONFAD W. Spiess MARY KATHERINE SCHAEFER
Z	5 D 5 0 _	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) [III yes, give wor ar dotes of service) SECURITY NO. 17. INFORMANT ADDRESS
J K	キャッド	118-01-0626 Madical Records Sama As Abive
	o de a	CAUSE OF DEATH
	Also e of noun atte	LEADING TO DEATH TO FULL SCIENCE CON ASSOCIATION & SALES
ט פֿ	sron ar a	heart iditute, asthenio, etc. it means the disease.
ָּבָּי כֿ	frac o p gulo em t	injury or complication which caused death.) ANTECEDENT CAUSES
ָבָּ פַּ	A P P P	DISEASES OR CONDITIONS, if any, giving (8)
X S	. (S) L in S	rise to the abave cause (A) stoting the UNDERLYING CONDITION tast. (C)
ָהָ קַּיִּ		
KA E	nedica burns, physici an was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	140 ° 05	198. CONDITION OF OR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 10 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5 2	by a 2) Bo re th physi	No No State of State
<u> </u>	he he	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, sheet, office bldg., INJURY OCCUR?
Š	1	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
2	מֹסָיֵם ב	Work At Work
	the any r (exc and obta	22. I certify that (I) (this hospital) attended the deceased from 6/3/70 19 to 2/22/71 19
2	P = 2 = 4	that (i) (we) last saw the deceased olive an 1/23/7/ 19 and that in (my) (aur) opinion death accurred an the date
2	dent of dent of nospital death) must be	and have and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A_SIGNATURE 23B_DATE SIGNED ;
muse	ccide a ho to d al m	Attending Med. Stoff 222
	7 8 8 7 9	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
Cortificat		MOLLIS SEGNALINE 1801 Renturn Ld 21200
1	р. 0 о п	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	the body shows: (1) was D.O.A deceased written ap	Buried FEb. 25 1971 BEL Air Memorial Garders BEL Air Harford Con Manifer 21014. 25A. DATE REC'D BY HEALTH DEPT. 25E HAME OF REGISTRAR 25G. EMERAL, DIRECTOR SALVER ADDRESS
141	the k show was dece	CEP 25 MORE WILLIAM OF THE TOTAL WILLIAM OF THE PROPERTY OF TH
		VS 150-REV. 1/1/68



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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	1
	Thi:	dec	11

M-65 C	71	1898		TE OF DEAT		71 1898
1. NAME OF DECI				2. DA	TE AND HOUR OF DEATH	
	MORAN, AN			F	BRUARY 19.	1971 8:00 R.
3. PLACE IN BALT	IMORE MARYLAND, V	VHERE PRONOU	IN CED DEAD	4. USUAL RESIDENCE A. STATE B.	COUNTY	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	TAL OR INSTITU ATION)	ITION, GIVE STREET	MARYLANE C. CITY OR TOWN		
INSTITUTION	CT ACMEC	HOCDITA	. T		TYMBUTUB	YES NO K
40	ST.AGNES	HOSPITA	AVENUE	E. STREET AND NUM	BER	IES
/	BALTTMORE	MD	1229	990 CIRC	CLE DR., 212	2.7
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Tr. If Under 24 Hrs. Manths Doys Haurs Min.
FEMALE	WHITE	WIDOWED		04/26/91	79	Trial Sold Sold Sold Sold Sold Sold Sold Sol
DA, USUAL OCCU	PATION (Give kind of wor vorking life, even if relired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State	or loreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWI		NONE		MARYLAND		U.S.A.
FATHER'S NAM	A.E.			14. MOTHER'S MAIDE	N NAME	
AUGUST	KARBOSKY		DEC ID	HENRIETTA	(SCHREIBER) DEC 1
Was Deceased	Ever in U. S. Armed For (If yes, give wor ar dote	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	year give wor at done	o or servicer	213480772	ST ACMES	HOSPITAL-WII	LTO.MD. 21229
18.	0.4 15-0	(CAUSE OF DEATH		HOSELIAL-WIL	LKENS & CATON AV
DISEASES O	osthenio, etc. II meons plication which caused INTECEDENT CAUSES R CONDITIONS, iI obove cause (A) CONDITION last	death.) ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
TO THE DEATH	CANT CONDITIONS CO I BUT NOT RELATED TO T ENDITION GIVEN IN PAR OPERATION 198 CON	HE TERMINAL	Diahet	J Mellid	or Noll 208 IF YES WEDE	FINDINGS CONSIDERED
0	WAS PER	FORMED		NO	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUT DEATH (natify	T WAS UNDERLTING [TING] CAUSE OF medical examiner)	21 B. (hame etc.)	PLACE OF INJURY (e.g., ir , farm, lactary, street, all	or about 21 C. WHERE I	DID (If In Baltimor	re City, give exoct locotian)
	(Month) (Doy) (Year)		e At Work		D INJURY OCCUR?	
22. I certify t	that (1) (this hospital) ottended the	e deceosed from	FEB. 19	19 / 1 to F	EB. 19 19 /1
	lost saw the decease			19 71 .		nion death occurred on the date
			(We) (did) (did not) vi	,		
23A. SIGNATUR		A				23B, DATE SIGNED
	MUST		Distan	ding Med.	Staff Phys.	02/19/71
23C. PHYSICIAN NAME (Ty	pe)	RE OUIR	DEGREE]	3D. ADDRESS	BALT HOSPITAL, WILH	TO. MD. 21229
A. BURIAL CREM	ATION, 24B, DATE		ME of CEMETERT of CRE			ty, tawn, or county) (State)
Buria1	2-23-19		Cathedral Cen	netery	Baltimore, Mar	yland
SA. DATE REC'D	BT HEALTH DEPT.	25B. NAME OF		25C. FUNERAL DIRE	CTOR	ADDRESS
FEB 25 1		Jaben 3	FM - 0 0 0	Howard H.	Hubbard, 4107	Wilkens Ave. 21229



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

NO

U.S.A.

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

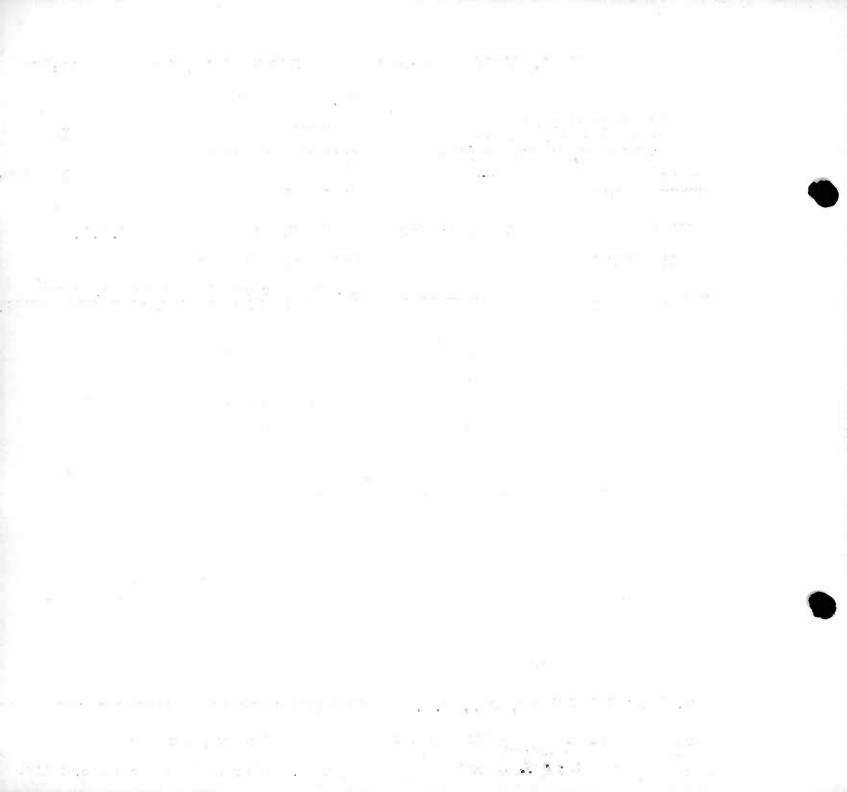
If Under 24 Hrs.

2-1 2-2 - 2-2 100 pts 200 ft Entry (et al. 1) and the second of the secon

B-620	71	1900	E.	HEALTH DEPARTA		REG. NO.	71	1900
BIRTH NO.			CERTIFICA	TE OF DEA	ATH	REG. NO.		
1. NAME OF DECE	CATHERIN		BIRX	F	ebrua	ry 20, 19	971	9 A.
3. PLACE IN BALT	IMORE MARYLAND, Y	HERE PRONO	UNCED DEAD	4. USUAL RESIDEN	CE (When	e deceased lived. I	f institution: re	esidence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Maryland c.CITY OR TOWN Baltimor			NSIDE CITY LI	
00	1407 S. Ca Baltimore,			E. STREET AND NO.	JMBER	Street	YES A	NO [
5. SEX Fema 1e	White		NEVER MARRIED	8. DATE OF BIRTH	- 11	ast birthday)	Il Under Manths	1 Tr. If Under 24 Hrs. Doys Hours Min.
		WIDOWED	DIVORCED DIVORCED DIVORCED			86		
one ouring most of w	orking the, even it retired)		The state of the s	I II DIKINIEA CE (310	ie or lorei	gn country)	12. CITIZ	EN OF WHAT COUNTRY
Housewife	LT-L				yland		U	J.S.A.
Talas	Down			14. MOTHER'S MAI				
John	Daum yer in U. S. Armed For	ces?	16. SOCIAL	E L 1 Z	beth	Sellman		
No	If yes, give wer or dete	s af service)	SECURITY NO. 212-09-9643B		e C. :	Birx,3024		errace 21214
18. 4	2471		CAUSE OF DEATH					APPROXIMATE INTERVAL
DISEASE	OR CONDITION DI	RECTLY		20.		0 0	8	ETWEEN ONSET AND DEATH
(This does no	meen the mode of	dying, e.g.,	(A) IMMEDIATE CAU		uelya	el Varke	rellen	Sudden
heart failure, a	sthenia, etc. It means licalian which caused	the disease.	DUE IO, OK AS A	CONSEQUENCE OF:		0		
	NTECEDENT CAUSES		Comme	2	~ 1	1. wh		/ /
DISEASES OF	CONDITIONS, if	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF	CCL ()	Court Vh	nean	" year
nse to the	abave cause (A) CONDITION lost,	staling the	(a)					V
	11		(C)					
OTHER SIGNIFIC TO THE DEATH V DISEASE OR CO	ANT CONDITIONS COL	NTRIBUTING						
DISEASE OR CO	BUT NOT RELATED TO THE	[1 (A).	***************************************					
	PERATION 198 CON	ORMED		1	- 1	208, IF TES, WER	E FINDINGS (CONSIDERED EATH?
OR CONTRIBUT	WAS UNDERLYING CAUSE OF	21 & ham etc.)	PLACE OF INJURY (e.g., in e, form, factory, street, off	or obout 21 C. WHERE INJURY OC	CU R?	(If In Boltim	ore City, give	exoct locotion)
21D. TIME (Monthl (Doyl (Yeorl		INJURT OCCURRED le At Not While k At Wark	l l	DID INJU	RT OCCUR?		
22. I certify th	nat (I) (this hospital)			1-13	70	5/ ta 2	- 70	7/
	st saw the decease		7-19	19 7/			alalan daash	accurred an the dote
			iv (ton bib) (bib) (e#)-			111(111) (001) 01	ninan deam	accurred an the dote
23A. SIGNATURE	0 1	- (on the bday dilet	death.		23B, DATE	SIGNED
tell	un P. Wel	ver	DEGREE Phys.		S S	hys.	2	122/71
23C.PHYSICIAN NAME (Typ	S el		2	3D. ADDRESS		,	1	, , , ,
	John P.	Urlock		1227 Washir	gton	Blvd., Ba	1to., M	.d .
REMOVAL (Sp.	ATION, 248, DATE	24C.NA	ME of CEMETERT OF CREA	MATORT	24D. LO	CATION (City, town, or	county) (Stote)
Buria1	2-23-19	71 Ba	ltimore Cemete	ry	Ba	ltimore, M	arvland	
25A. DATE REC'D B	HEALTH DEPT.	258, NAME O	F REGISTRAR	25C. FUNERAL DI	RECTOR			ADDRESS
1FR 50 1	97 Vares -	Be Res	AS U	Howard H	Hub!	bard, 4107	Wilker	ns Ave. 21229

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VS 150-REV. 1/1/68



W-42	76	MED	1904	EXAMINER'S			OF DEAT	TH REG. N	. 71	190	2
I. NAME OF I	DECEASED	KARL	WALKE	R	2. DATE OF	Known [Doy	Yeor	Hour	
4. PLACE IN	BALTIMORE, M			NOUNCED DEAD	3. DATE	Lammoreo	Month	Doy	Yeor	Hour	M.
FULL NAME OF	(IF NO	OT IN HOSPITA	LOR INSTIT	TUTION, GIVE STREET	PRONOI	JNCED DEAD	2	18	1971	8:30	a
OR INSTITUTION	Univers				5. USUAL R	ESIDENCE (V	Where deceased I	B. COUNT	tion: residence	before odmi	ission)
6. SEX	7. RACE	Lty 1105	-	D NEVER MARRIED K	C. CITY OR	TOWN			Ontgome		20
male	white	Α	WIDOW			Echo		D. MASIDE			
9. DATE OF BI		10. AGE (In		If Under 1 Yr. If Under 24 Hrs		ND NUMBE	R		YES 🔨	ио Ц	
Feb. 7,	1946	last birthdo		Months Doys Hours Min	6102			2.			
11. BIRTHPLAC			1	2. CITIZEN OF	13. FATHER		Mawr A	70 e			
144		,		WHAT COUNTRY?							
	cupation(G)	ve kind of work	148. KIND (U.A.A. OF BUSINESS OR INDUSTI	RY 15. MOTHER	ymond I	B. Walke	er			
done during most	of working life, e	ven if retired)		lone		ura E.					
16. WAS DECE		U.S. ARMED		17. SOCIAL	18. INFORM		TATES		ADDRESS		
(Yes, no or unkno				SECURITY NO.			a E. Wal	lkon -		an ma	45
19.	2 - 2			CAUSE OF DE		• Daur	a IJ. Waj	rvei -		PPROXIMATE I	
RISE TO UNDERLY	ANTECEDENT S OR CONDIT THE ABOVE CA YING CONDIT GNIFICANT CO DEATH BUT NO	IONS, IF ANY AUSE (A) STAT TION LAST.	NTRIBUTI	(c)	AS A CONSEC		Di .				
DISEASE	ORCONDITION	GIVEN IN PA	RT 1 (A).	- INCLUSA			evere, s	since b	irth		
20A. DATE	OF OPERATIO	N 208. CON	IDITION F	OR WHICH OPERATION W	VAS PERFORM	ED				PSY? (Yes	or No)
UNDERLYIN		ITRIB-	h	B. PLACE OF INJURY (e.g. me, form, foctory, street, olfi	ce bldg., etc.) if	NJURY OCCU	ID (If In Boltimo		exoct locotion)		
(APPROX.)			m		WORK						
ACTU SIGNA EXAM	ATURE	Notural caus	Phil	Accident Suici	D. ASSIS	micide CHIEF MEDIC STANT MEDIC CIATE MEDIC	Undetermi AL EXAMINER AL EXAMINER AL EXAMINER	ned monne		date sigi	NED
24A. BURIAL CI REMOVAL (Sp Burial	ecify)	2/22/	71	24C. NAME of CEMETERY Parklawn		L.	AD. LOCATION		wn, or county) Montgo		
25A. DATE REC	25 197			ME OF REGISTRAR	25C. F	UNERAL DIR		neral	ADDRESS Home 1	331 R	ock
VS 151-REV. 1/1	/68		7	7-10-0	7	9 0	1	RUCKY	ille, l	uaryla	ind .

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ALEXAND TO BE THE TABLE TO BE THE STATE OF T

A. A. * * 1.00 (19) 60 80

Trong the Mark There's Home I'll a see He of the state of th

in your - synt much *# 350 Robert Frank 10-18-70 Yourse c 4 4 White state Bethance (11) your have ident Pich aculary Halfman.

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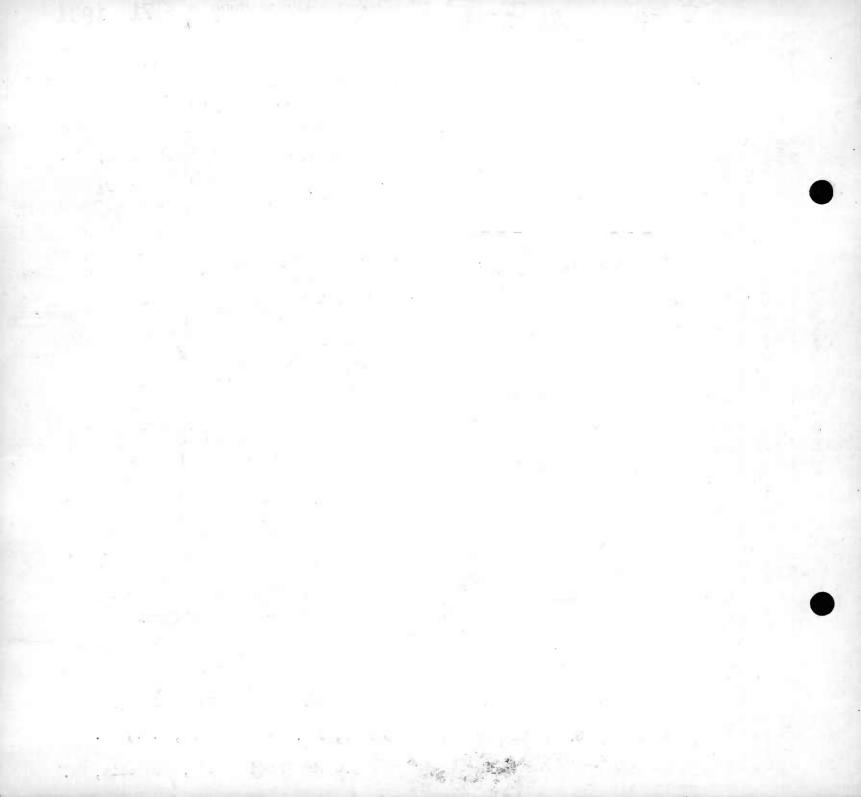
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IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

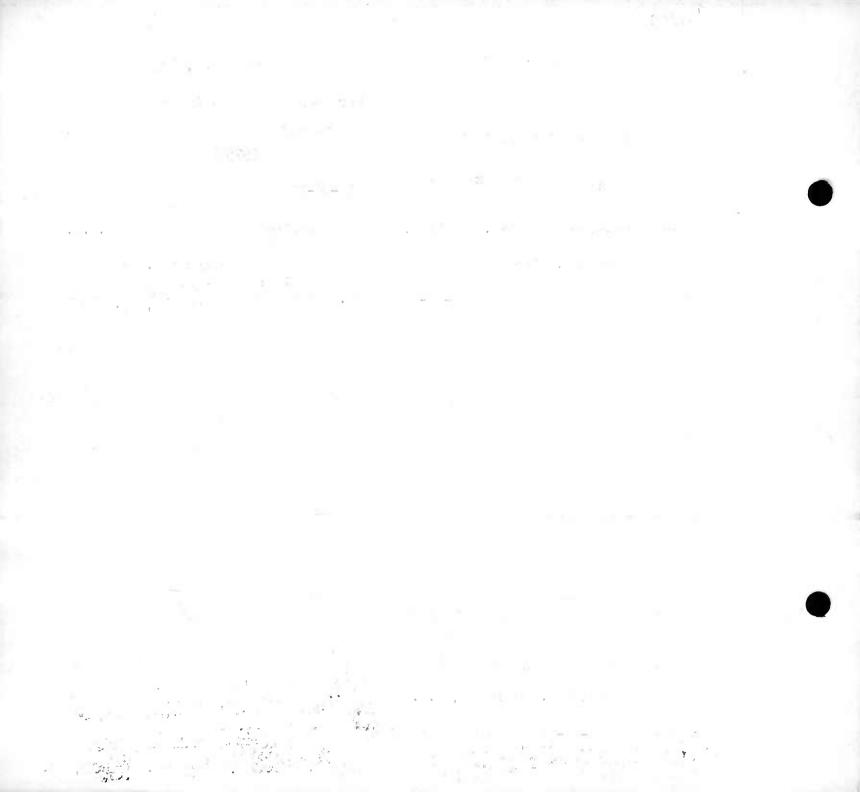
4. USUAL RESIDENCE Where deceased lived. If institution: residence before Anne Arundle D. INSIDE CITY LIMITS? NOR YES Underwood Road, Gambrills, MD. If Under 24 Hrs. Haurs 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exoct lacotion) and that in (my) (our) apinian death accurred on the date 23B, DATE SIGNED Glen Burnie, A.A., Md. ADDRESS Hoppone (Tung al Home, Annapolis



BII	RTH NO.	2 71 18	905		HEALTH DEPARTMENT		71 19	105
	NAME OF DEC		LIAM	HSPENCER	2. DATE	AND HOUR OF DEATH	1 3	-300
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (V	There deceased lived, If i	nstitution: residence	before odmission)
H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INST	ITUTION, GIVE STREET	C. CITY OR TOWN	BALTIMOKI D. INS	SIDE CITY LIMITS?	1902
3	, LINIVI	3RSITY It	OSPIT	AL	E. STREET AND NUMBER		YES 1 21	201
	SEX	6. RACE	WIDOWE		8. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
do:	L USUAL OCCU	JPATION (Give kind of work working life, even if retired)		of Business or Industry	11. BIRTHPLACE (Stole or	oreign country)	12. CITIZEN OF	WHAT COUNTRY
13.	Henry	Spencer			14. MOTHER'S MAIDEN I Rose Elle			
15. (Ye	Was Deceased s, no at unknown) Yes	Ever in U. S. Armed For Ulf yes, give wor or dote WW II	ces? s of service)	16. SOCIAL SECURITY NO. 217-05-6711	Margaret S	pencer 3506	ADDRI Greenva	ss 21229
AEDICAL CERTIFICATION.	OTHER SIGNIFT TO THE DEAT DISEASE OR COTTO THE DEAT DISEASE OR CONTRIBU	E OR CONDITION DIE LEADING TO DEATH of mean the mode of asthenia, etc. If means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITIONS COI H BUT NOT RELATED TO TH ONDITION GIVEN IN PAR OPERATION 198. CON- UNAS PERF IT WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Day) (Year)	dying, e.g the disease death.) any, giving slaling the slaling th	(B) DUE TO, OR AS (C) COMMITTEE OF INJURY (e.g., if me, form, foclory, street, of c.) E INJURY OCCURRED	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or NO) or of obout 21C. WHERE DID ice bidg., INJURY OCCUR!	IN CERTIFYING CA	h wer	
W	(APPROX.) 22. I certify that (I) (we)	that (1) (this hospital) ottended d alive an	2.23.7	2°12°71 		2 23 -	19
	ond hour and 23A. SIGNATU	gerand	_	OEGREE Phys	nding Med.	Shaff Phys.	238 DATE SIGNI 2-23-	<u> </u>
	NAME (T)	J. GEL	ARD (ROULEY DEGREE	3D. ADDRESS	iensity t	tospital	
II o	REMOVAL (S	Feb 25	,7 L	oudon Park C			ity, town, or county ty, Mary	
E	EB 25 1	977 Robert &	25B. NAME	OF REGISTRAR	Walters F	or umeral Home		oress Stricker

Carried Street DIRECTOR:

FUNERAL



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any mature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

0 0-6	BALTIMORE CITY	HEALTH DEPARTMENT		/1 1997 V
BIRTH NO. 71-0334271 180	7 CERTIFICA	TE OF DEATH	REG. NO	4000
1. NAME OF DECEASED		2. DATE ANI	HOUR OF DEATH	
(Type or Print) Casjens	Girl BABy	2 -	16-71	50A M.
3. PLACE IN BALTIMORE MARYLAND, WHERE PA	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived, If in	stitution: residence before admission!
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR II ADDRESS OR LOCATIONI	NSTITUTION, GIVE STREET	C. CITY OR TOWN		IDE CITY LIMITS?
South Balt. Genil	. Hosp.	E. STREET AND NUMBER	1 Durnie	YES NOT
5. SEX 6. RACE 17. ASAD	nien (Talmien saanne (M		g Shore	I II Under 1 Yr. II Hader 24 Her.
F W WIDO		2-12-71	ost birthday)	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 10B, KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country!	12. CITIZEN OF WHAT COUNTRY?
		Marylar	29	U.S. A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	NE .	
Verne		Beverly M	niller	
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! Uf yes, give war or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. 0 000 11 11	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY		\bigcirc		DET WEEK ONSE AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU		ty	
heart failure, asthenia, etc. It means the dis-	edse,	A CONSEQUENCE OF:	U	
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any, gints to the above cause (A) stating UNDERLYING CONDITION lest.	7 1117	A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING NAL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A-AUTOPSY? (Yes of No.)	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
DEATH (nofily medical examines) 21D.TIME (Month) (Doy) (Year) (House)	21B. FLACE OF INJURY le.g., i home, farm, foctory, street, of etc.)	or about 21C, WHERE DID	(If In Boltimor	re City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJE	JRY OCCUR?	
(APPROX)	While At U No! While Work At Work			
22. I certify that (1) (this hospital) attend	ded the deceased fram	12 am 2-12 1	9 7/ta	2-16 1971
that (1) (we) last saw the deceased alive	on	19 and the	nt In(my) (aur) apl	
and hour and from the causes stated abo	ve. (1) (We) (did) (did not) v	lew the bady after death.		238, DATE SIGNED
23A. SIGNATURE	After Phy	nding Med.	Stoff Phys.	2-16-71
23C.PHYSICIAN'S NAME (Type)	00000	23D. ADDRESS	12 57	
24A. BURIAL CREMATION, 24B. DATE 2	DEGREE 4C. NAME of CEMETERY OF CR	3001 POTON	LAND OF	(Stote)
24A. BURIAL CREMATION, 24B. DATE 24B. DATE 24C. PARTICIPATION CONTROL OF THE PROPERTY OF THE	4C. NAME of CEMETERY of CR	INIVED CITY	MEDICAL	
25A, DATE REC'D AV HEALTH DEPT. 25B, NA	ME OF REGISTRAR	25 FUNERAL DIRECTOR	MEDICAL	DUITUAR LAESS
SED OF MESS OF AS Z	7 248 4	MARKETARI	Craste	

1.00 A.21 Inchi 71 1008 BALTIMORE CITY HEALTH D

7-43		DICAL		CERTIFICATE OF D	EATH REG. NO.	71 1908
BIRTH NC.						
NAME OF DE	ALVIN	FIE	LDS .	05	ebruary 17,	1971 Hour
. PLACE IN BA	LTIMORE, MARYLAND, Y				Aonth Doy	Yeor Hour
OSPITAL OR INSTITUTION	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTIT ATION)	UTION, GIVE STREET	PRONOUNCED DEAD 5. USUAL RESIDENCE (Where de		1971 6:25 P. _{M.}
00	1316 N. Spri	ng Str	eet	A. STATE Maryland	B. COUNTY	833
. SEX	7. RACE	8. MARRIE	D NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
Male	Negro	WIDOWE	D DIVORCED	Baltimore	YES	No 🗆
Silly 18	lost birthdo	n yeors (A)	Under 1 Yr. II Under 24 Hrs. Annihs, Doys , Hours , Min.	e. street and number 2602 Bery1		
BIRTHPLACE	State or foreign country)	1:	2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	Marking	otan.
IA.USUAL OCCU	JPATION (Give kind of work working life, even if retired)	14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	Hing.	1
Jaco	NEW STATES A PLACE	CODerco	117 50 511	Voalson	Tields	
es, no or unknown	ED EVER IN U.S. ARMED (If yes, give wor or doles	of service)	17. SOCIAL SECURITY NO.	Barssa Feela	lo Ecos 2/00.	2 Berulane
19.	4 7		CAUSE OF DEAT	Н	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION DIRE	CTIY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE C	Extensive ear	ly pneumonit:	is
(This does t	not mean the made of dy	ing, e.g.,	DUE TO, OR A	S A CONSEQUENCE OF:		
tolury or con	mplication which coused de	oth.)				
A	NTECEDENT CAUSES		Intra	avenous narcotism		
	OR CONDITIONS, IF ANY	Y, GIVING	(B) DUE TO, OR A	S A CONSEQUENCE OF:	-	
UNDERLYI	NG CONDITION LAST.	IIIO IIIE	(c)			
2	11					
2 TO THE DE	VIFICANT CONDITIONS COATH BUT NOT RELATED TO	THE TERMIN	NG AL			
			OR WHICH OPERATION WA	S PERFORMED		21. AUTOPSY? (Yes or No)
27						Yes
UNDERLYING	NAL CAUSE WAS	ho ho	B.PLACE OF INJURY(e.g., i ome, form, foctory, street, office	n or obout 22C. WHERE DID (If in bldg., etc.) INJURY OCCUR?	Boltimore City, give exact	location)
	(Month) (Doy) (Yeor	r) (Hour)	22E.INJURY OCCURRED	22F. HOW DID INJUR	Y OCCUP?	
OF INJURY (APPROX.)			WHILE AT NOT NOT NOT WORK	WHILE	ar odebki	
23.						
		nquiry	Inspection Aut	opsy X and that on this	basis, death in my o	plnian
resul	ted from: Natural cau	ses	Accident Suicide	Hamlefde Und	determined monner	
	(1)			CHIEF MEDICAL EXAL	MINER	DATE CIONED
SIGNAT		3 1,	Druggetino.	ASSISTANT MEDICAL EXAM	MINER X	DATE SIGNED
EXAMIN	ER'S Charle	s S. S	pringate, M.D.	ASSOCIATE MEDICAL EXAM	MINER Febru	uary 18, 1971
AA. BURIAL CRE	MATION, 248, DATE		24C. NAME of CEMETERY of	r CREMATORY 24D. LOC		
EMOVAL (Spec	fy) n-n3	-171	O CEMEIERT O	1 240.100	CATION (City, town,	or county) (Stote)
DUMLG	u dids	//	Canver III	emorial Jake H	Frence G	120 to Ma,
FR 25	1077 Valor &	38	ME GISTRAR	25C FUNERAL DIRECTOR	AÓI	DRESS + CH
S 151-REV. 1/1/6	8	1 9	7 1 0 1	o Jaymek Jan	eders dif	resion of
,.,.		1	19	107		

Letter from M.E.'s office 5-3-71 M.H.

IMPORTANT

DIRECTOR:

FUNERAL

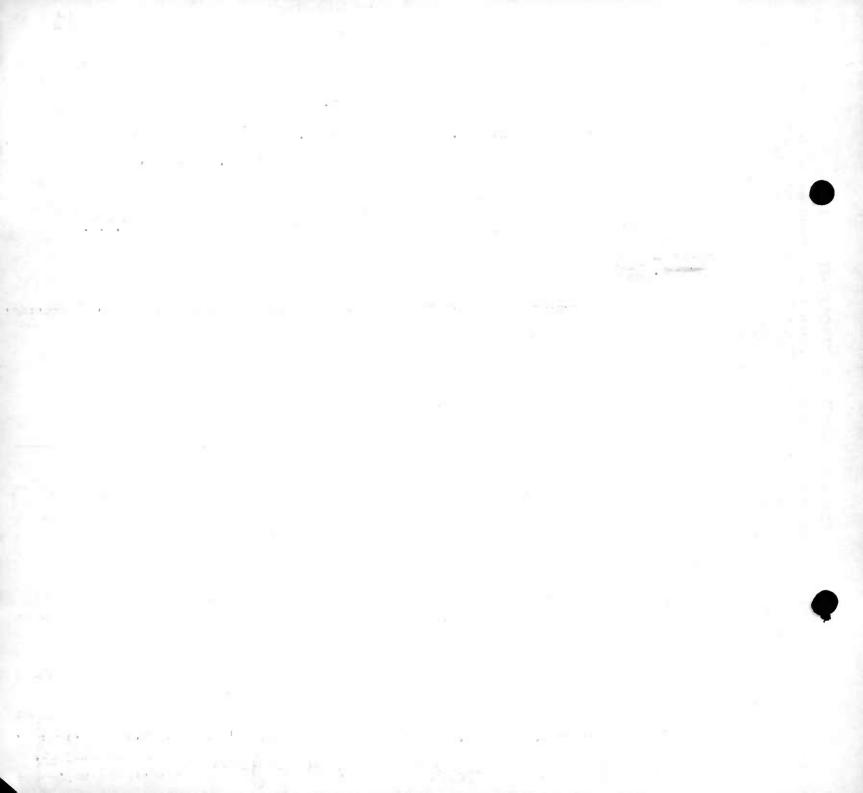
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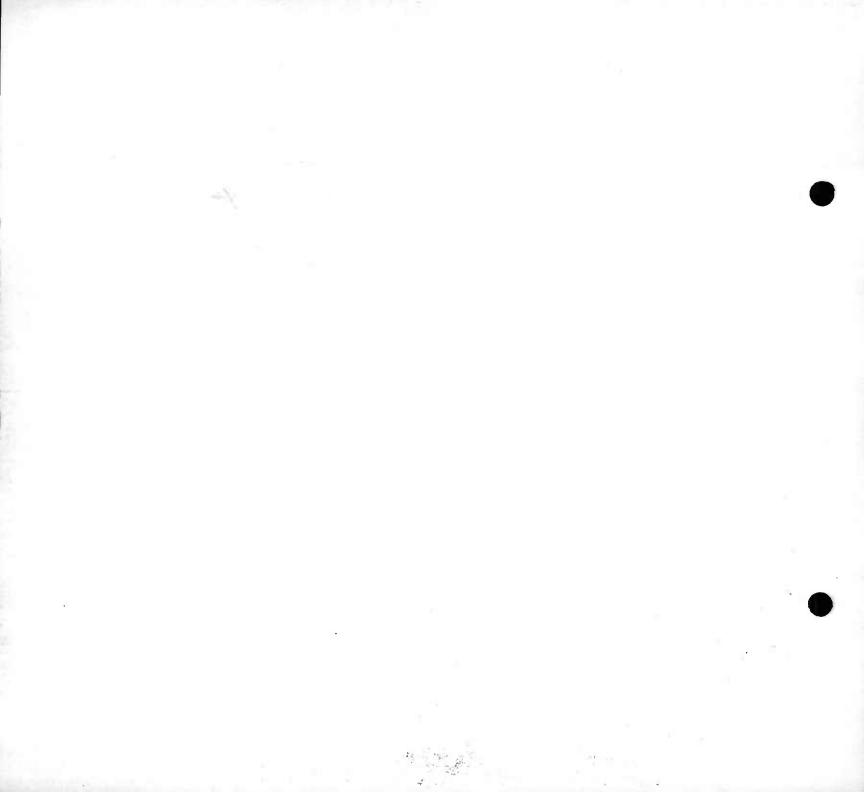
	the the	10-200 71 1910 CERTIFICATE OF DEATH REG. NO. 71 1910	
	= 0 v + 3	1 MAAAF OF BEEL SEE	
			P.,
		A. STATE B. COUNTY	ssion
	J 15 70	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION Provident Hospital Complex [C. CITY OR TOWN] Institution	
	rau rau tend r to	3 9 2600 Liberty Heights Ave. Baltimore YES TO NOT	
	rting d cau r att r att	Baltimore Maryland	
		5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24	
		Female Black WIDOWED DIVORCED 1/8/87 Ost birthdoy) 84 Months; Doys Hours M	in.
	404 10 1	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COU Georgia U. S. A.	NTRY
	dea t or Unc as as	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
-	7 5 € ¥ ± g	(1/18/10 Anna) Watting all	
Z	D 2 2 2 0 -	15. Was Deceased Ever in U. S. Armed Forces: (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 17. INFORMANT ADDRESS	
RT/	22 - 12	SECURITY NO. Mrs. Hazel Mackey-Niece 381 Mechen St.	720
IMPORTANI	if any any or or	18. CAUSE OF DEATH DISEASE OF CONDITION DISEASE OF	
E	Also Also noun atte	LEADING TO DEATH	
::	er. cturc	heart follure, asthenia, etc. It means the disease. DUE TO, OR AS A CONSEQUENCE OF:	
CTO	frac frac o p gul	ANTECEDENT CAUSES ASCVO P. Soulk.	
Ü	Xan Xan Xan Wh wh	DISEASES OR CONDITIONS, II any, giving the place to the obave cause (A) stating the	
DIRE	an in a	rise to the obave couse (A) stating the UNDERLYING CONDITION last. (C)	
	dicc dicc rrns rsic vsic wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
Z,	phy bu	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	_
FUNERAL	Chie Chie Bod the ysic e th	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 12TA. A CCIDENT WAS LINDERLYING 12TB. PLACE OF INVENT.	
2 .	6 5 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	121% FLACE OF INJURY (E.G. IN OF ODOUT) IC A POLITICIST CO. WHERE DID	
	who do	DEATH (notily medical examined) etc.)	
	16.69 at U	21D-TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? White At Work	
	0 0 0 5 5 5 6 1	20 I at 1 (1)	
	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	22. I certify that (I) (this hospital) attended the deceased from 1/30//1 19 ta 2/15/71 19 that (I) (we) last saw the deceased alive an 2/15/71 19 and that in (my) (our) apinion death occurred on the	
	sed tent of the sed tent of the seath)	and have and from the causes stated above. (i) (We) (did) (did not) view the body after death	dote
	S P S C P E	23A. SIGNATURE 23B. DATE SIGNED	
	E o o o t o	23C. PHYSICIAN'S NAME (Type) Attending Hed. Director Phys. Feb. 16, 1971	
	certificate body was vs. (1) An o D.O.A. at assed prior	2600 Liberty Heights Ave. Baltimore Md.	
	SOS B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole	e) (e
	the body shows: (1) was D.O. written a	Burial D-19-71 MX Calvary Clm U, a. Co m	X
i	the b show was dece	25C FUNERAL DIRECTOR	7
	1	VS 150-REV. 1/1/68	

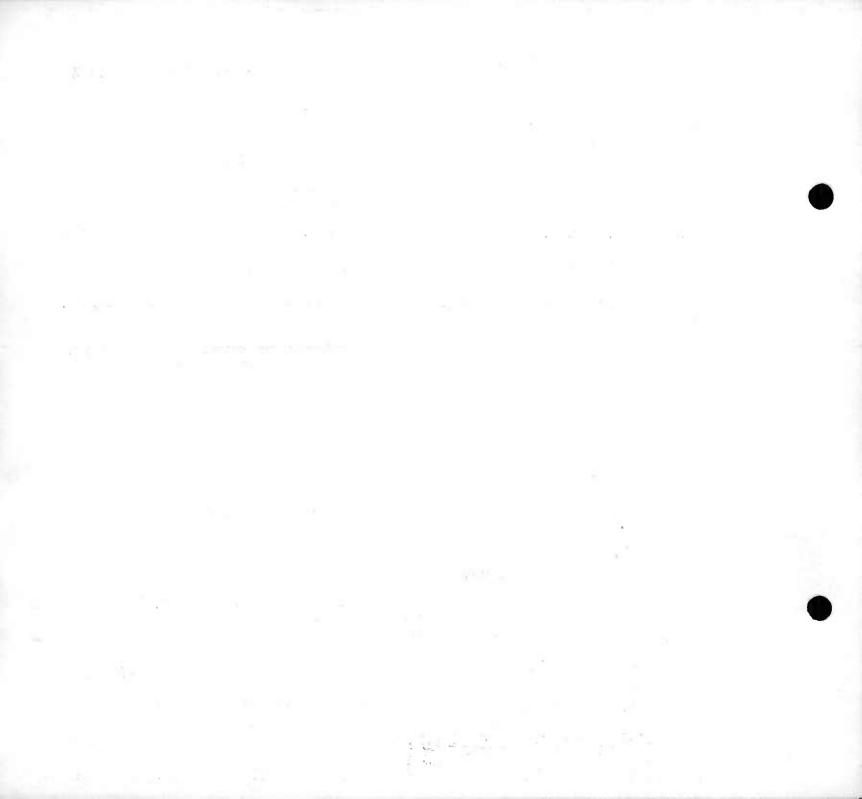
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After a le of 2

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was 0.0.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such deceased prior to death, such an analysis are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

IRTH NO. 71 1914			And the same of th	N O A
	CERTIFICA	TE OF DEATH	REG. NO.	1914
NAME OF DECEASED (ype or Print) GEORGE LOI	VG	2. DATE AND	HOUR OF DEATH	1830 PM
L PLACE IN BALTIMORE, MARYLAND, WHERE PRONG	DUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	tutions residence before admission
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTE OF ADDRESS OR LOCATION)	TUTION, GIVE STREET	A. SMARYLAND		E CITY LIMITS?
Nontunon		BALTIMORE		YES NO
3 THE JOHNS HOPKINS H	OSPITAL	E. STREET AND NUMBER		
SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 19	AGE Un vegrs	If Under 1 Yr. , If Under 24 Hrs Months! Doys Hours : Min.
MALE NEGRO WIDOWE		9-22-97	ost birthday 73	Months Doys Hours Min.
A USUAL OCCUPATION (Give kind of work 108, KIND Come during most of working life, even if refired) Laborer		South Carolin	n country)	12 CITIZEN OF WHAT COUNTR
3 FATHER'S NAME	******	14. MOTHER'S MAIDEN NAM	3.	L
MARK LONG		RUTH MAG	CLE	
S. Was Deceased Ever in U. S. Armed Forces? (es, na or unknown) (if yes, give war or dates of service)	1 & SOCIAL	17. INFORMANT	u I E	ADDRESS
es, na or unknown] (If yes, give war or dates of service)	SECURITY NO.	Chart,		
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving		A CONSEQUENCE OF:		
nise to the above cause (A) stating the UNDERLYING CONDITION tast.	Carcii	noma of i	lung	alya Severalhurs
UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Carcii Aspiro	noma of a notion	/	Several hours NDINGS CONSIDERED SES OF DEATH?
UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121. ACCIDENT WAS UNDERLYING WAS PREFINED WAS UNDERLYING WAS U	WHICH OPERATION B. PLACE OF INJURY (e.g., in me, form, foctory, street, of	20A.AUTOPSYT (Yes or Ne) ES	208, IF YES, WERE FH	Severalhours
UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION FOR WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 121 ho of CONTRIBUTING CAUSE OF ho of CONTRIBUTING CAUSE OF CAUSE OF C	WHICH OPERATION B. PLACE OF INJURY (e.g., in me, form, foctory, street, of	20A. AUTOPSY? (Yes or Ne) ES n or about 21C. WHERE DID fice bidge INJURY OCCURY 21F. HOW DID INJU	208, IF YES, WERE FH IN CERTIFIING CAUS (If In Boltimore	Several harrs NDINGS CONSIDERED SES OF DEATH?
UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION FOR WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 121 ho of CONTRIBUTING CAUSE OF ho of CONTRIBUTING CAUSE OF CAUSE OF C	WHICH OPERATION B. PLACE OF INJURY (e.g., in me, form, foctory, street, of c.) E. INJURY OCCURRED Thile At	20A-AUTOPSYT (Yes or Ne) ES n or about 21C. WHERE DID fice bidge INJURY OCCUR! 21F. HOW DID INJU	208, IF YES, WERE FH IN CERTIFIING CAUS (If In Bolthmore	Several hours NDINGS CONSIDERED SES OF DEATH?
UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION FOR WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 121 ho of CONTRIBUTING 221 ho of C	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, form, foctory, street, of c.) E. INJURY OCCURRED Thile At At Work the deceased from 24	20A. AUTOPSY? (Yes or No) ES n or about 21C. WHERE DID fice bidge INJURY OCCUR? 21F. HOW DID INJU	208, IF YES, WERE FHIN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH? City, give exact location)
UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 199E. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING (A) OR CONTRIBUTING CAUSE OF DEATH Inotily medical examined (A) OF INJURY (A) 21D. TIME (Month) (Doy) (Year) (Hourd OF INJURY (A) 22. I certify that (1) (this hospital) attended	WHICH OPERATION B. PLACE OF INJURY (e.g., in me, farm, factory, street, of c.) E. INJURY OCCURRED Thile At Not While At Work the deceased from 2/2/3/	20A-AUTOPSY? (Yes or Ne) ES n or about 21C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJU	208, IF YES, WERE FHIN CERTIFYING CAUS	Several hours NDINGS CONSIDERED SES OF DEATH? City, give exact location)
UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 10R CONTRIBUTING 10	WHICH OPERATION S. PLACE OF INJURY (e.g., in me, form, foctory, street, of c.) E. INJURY OCCURRED Thile At At Work the deceased from 2/23/ (1) (We) (did) (did not) y	20A. AUTOPSY? (Yes or Ne) 20A. AUTOPSY? (Yes or Ne) ES n or about 21C. WHERE DID fice bidge INJURY OCCUR? 21F. HOW DID INJU 23 19 // and the	208, IF YES, WERE FH IN CERTIFYING CAUS (If In Boltmore IRY OCCUR? 7 10 2/ 1 In (my) (our) apini	Several hours NDINGS CONSIDERED SES OF DEATH? City, give exact location)
UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 10 OR CONTRIBUTING 10 OR CONTRIBU	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, form, foctory, street, of c.) E. INJURY OCCURRED Thile At	20A. AUTOPSY? (Yes or Ne) Color Color C	208. IF YES, WERE FHIN CERTIFYING CAUSE (If In Boltmore) IRY OCCUR? 1 In (my) (our) apini Shoff hys.	Several hours NDINGS CONSIDERED SES OF DEATH? City, give exact location) 23 19 7/ Ian death occurred on the da 23B, DATE SIGNED 2/23/7/
UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 21 ho PROPERTY 100 PROPE	WHICH OPERATION B. PLACE OF INJURY (a.g., in the form, foctory, street, of call on the call of the deceased from 2/23/ (1) (We) (did) (did not) volume of CEMETERY of CREETERY of CREETE	20A. AUTOPSY? (Yes or Ne) 20A. AUTOPSY? (Yes or Ne) ES n or about 21C. WHERE DID fice bidge INJURY OCCUR? 21F. HOW DID INJU 23 19 // and the riew the body after death. Inding Med. 23D. ADDRESS JOHNS HOPK	(If In Boltmore (If In	NDINGS CONSIDERED SES OF DEATH? City, give exact location) 19 7/ an death occurred on the da

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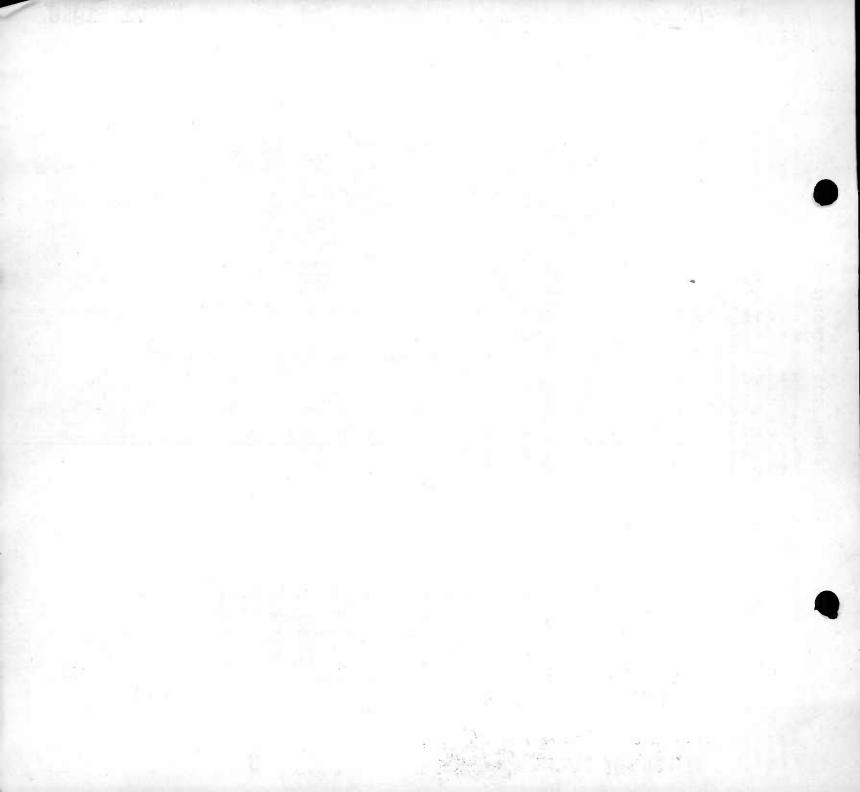
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MALA A	TY HEALTH DEPARTMENT 71 1915
BIRTH NO. 71 1915 CERTIFICA	ATE OF DEATH REG. No. 71 1910
1. NAME OF DECEASED (Type or Print) (Type or Print) (Type or Print)	2 DATE AND HOUR OF DEATH 2 2 1 7 1 7 45 Am.
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where declared lived. If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION. GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
37 Meany Hospital	E. STREET AND NUMBER
	15-13 W Lexington 11.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working, life, even if refired)	VIRGINIA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Foster	Otelia
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (if yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
yes W W 2 223-28-4697	
18. 686.01 CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Prof. Class
(A)IMMEDIATE C	S A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease,	IS A CONSEQUENCE OF:
injury or complication which caused death.)	and the state of t
ANTECEDENT CAUSES (B)	Me rigorde ma.
DISEASES OR CONDITIONS, if any, giving DUE TO, OR isse to the above cause (A) stating the	AS A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING TO 1218. PLACE OF INJURY (See	
19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	140
21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g. lorm, foctory, street, lord, foct	office bldg. INJURY OCCUR? (If in Boltimore City, give exect location)
OF INJURY (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	2/19/ 19.7/ to 2/2// 19.7/
that (i) (we) last saw the deceased alive on 221	19 7/ and that in (my) (aur) opinion death accurred on the date
and hour and from the causes stated abave. (1) (We) (did) (did not	view the body after death.
23A- SIGNATURE	23B, DATE SIGNED
DEGREE P	thending Med. Director Phys. 9 2/23/7/
23C. PHYSICIAN'S NAME (Type) KY K LWIN M-	ee pieces
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CHEMICAL (Specily)	
Burial 2/26/71 GETTYSBURG	NATIONAL PARK GETTYSBURG PA
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FEB 25 1971 Bell E. Jakl. A. D.	ADCOPHUS AALSTEAD 1206 W N orth Ave
VS 150-REV. 1/1/68	



IMPORTANT

FUNERAL DIRECTOR:





B-43=	71	1918		TE OF DEATH	REG. NO	71 1918
1. NAME OF DECI		G. Bolde	n	2. DATE AND	HOUR OF DEATH	11. 1 915 P
3. PLACE IN BALT FULL NAME OF HOSPITAL OR INSTITUTION	TIMORE, MARYLAND,	WHERE PRONO		4. USUAL RESIDENCE (Where A. STATE B. COUNT Maryland C. CITY OR TOWN		nstitution: residence before admission
	ovident Hos	sp t ital		Baltimore E. STREET AND NUMBER 3624 Park He	ights Ave.	YES X NO .
Male	Colored	WIDOWED		March 27. 1884	AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
done during most of w La	borer	ork 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTS
Tom Bol				Mannie Bolde:	-	
5. Was Deceased Yes, no or unknown) No	Ever in U. S. Armed I (If yes, give wor or de	orces? otes of service)	16. SOCIAL SECURITY NO. 220-05-2725	17. INFORMANT Fannie Johnson	. 3624 Pa	ADDRESS ark Heights Ave.
DISEASES OF THE UNDERLYING	NTECEDENT CAUSI R CONDITIONS, if obove couse (A CONDITION last.	any, giving) sloling the	(c)	A CONSEQUENCE OF:		
TO THE DEATH	CANT CONDITIONS C I BUT NOT RELATED TO PODITION GIVEN IN P. OPERATION 198. CO WAS PI	THE TERMINAL	***********	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
, OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medicol exomine)	21 B. hom etc.)	e, form, foctory, street, of	or obout 21 C. WHERE DID	(if In Boltimor	e City, give exoct locotion)
	(Month) (Day) (Yeo		INJURY OCCURRED Ie At Not White At Work	21F. HOW DID INJU	RY OCCUR?	
that (I) (we) I	ost sow the deceo	sed ollve on		19and that		
23A. SIGNATUR	1.5.5-7			ew the body ofter death.	roff D	23B. DATE SIGNED
23C. PHYSICIAN NAME (Typ	r's pel		2	3D. ADDRESS		
REMOVAL (Sp Buria	nation, 248. Date pecily) 2/24/	- 1	• Auburn Ceme		l timore, M	ty, town, or county) (State) Aryland
EB 25 1	TO POBLE &	25B, NAME Q	e registrar	Kenneth H. L	aw , 4609	ADDRESS Park Heights Ave

and the second .eva samples over the . and . A date of

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

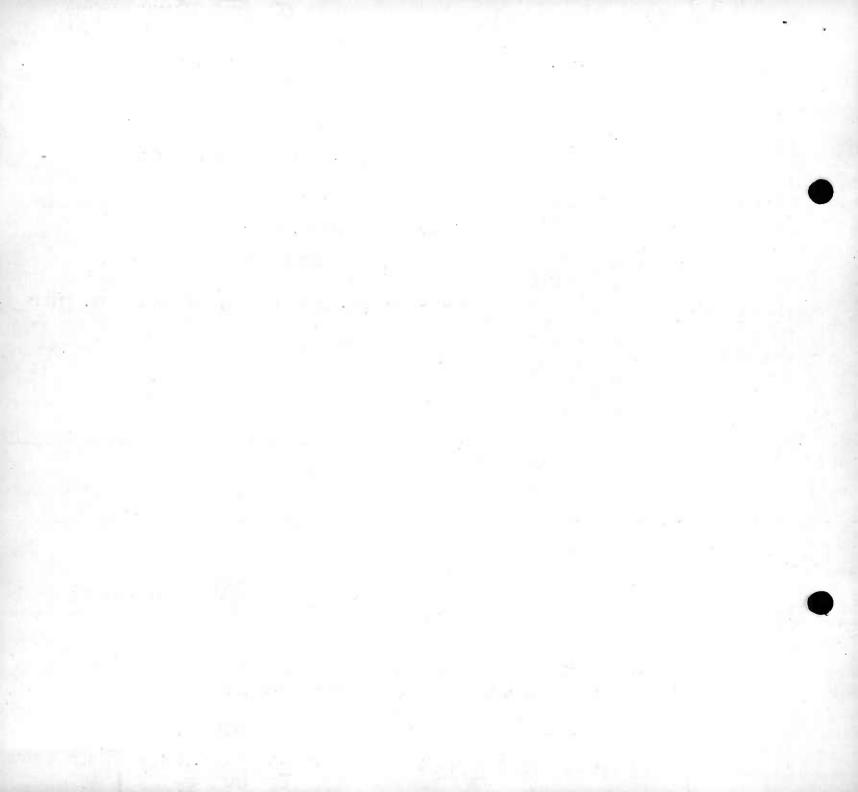
D. INSIDE CITY LIMITS NO T Il Under 1 Yr. Months: Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. DElanie Bayton . 2324 Madison AVE. APPROXIMATE INTERVAL WEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that in(my) (aur) apinian death accurred an the date 23 B, DATE SIGNED (City, town, or county) [Stote] Baltimore, Maryland 4009 Park Heights Ave.

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Andreas de la companya del companya de la companya del companya de la companya de

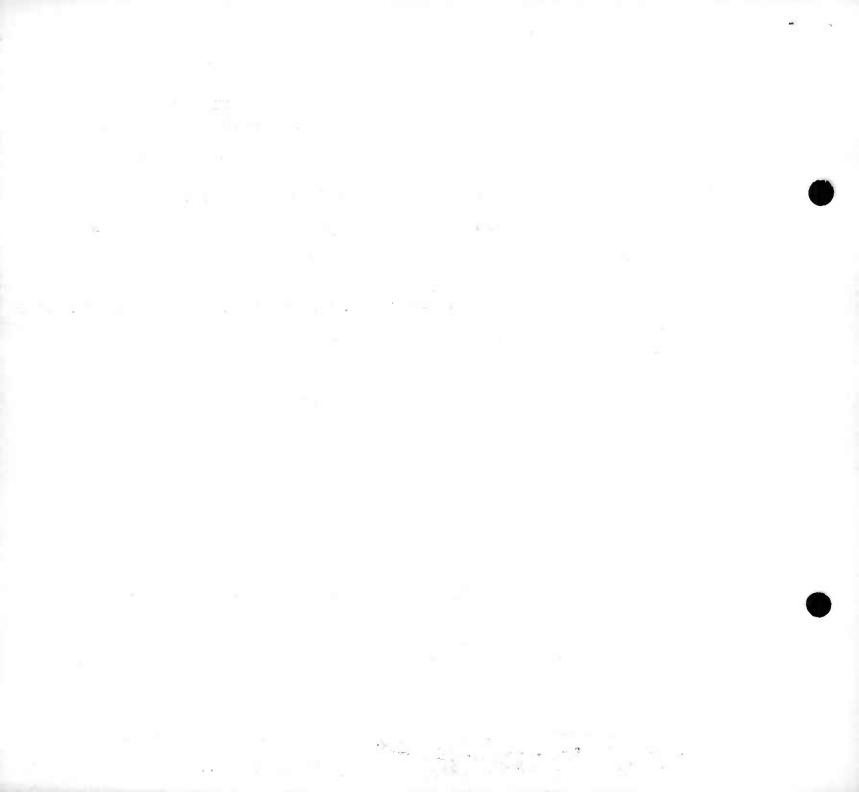
58-	36-74 cak	S-543 71 1920 BALTIMORE CITY HEALTH DEPARTMENT X REG. NO. 71 1920
	Te o T o	S-5/3 71 1920 CERTIFICATE OF DEATH REG. NO. 71 1920
	and eath ased the Such	I. NAME OF DECEASED (HINTON)
	hospital ise of c (5) Dece ance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	hospi use o (5) D ance deat	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATIONI INSTITUTION Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
		Linthicum Hats.
	- 3 -	A Baltimore City Hospitals
	TT	4940 Eastern Ave. Baltimore, Md. 309 N, Camp Meade Rd. 21090
	contributi contributi termined regular ceased pr	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years if Under 1 Yr. If Under 24 Hrs. Months; Days; Hours; Min.
	ntr ntr rr eg ase	WIDOWED DIVORCED 1-19-97 /4
	ath occur r contrik determin in regul leceased	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	deat Cunde as in e de	Supervisor (ret.) Gas & Electric Co. Baltimore, Md. U.S.A.
	rect or c (4) Undet was in the dec	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
7	I	Charles A. Smallood Catherine Cosorove 15. Was Deceased Ever in U. S. Armod Forces? (Yes, no or unknown) (Iff yes, give wor or dates of service) SECURITY NO. 17. INFORMANT 4940 Eastern Ave. ADDRESS
M	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
2	assis if th ny ki d de ance r fin	Yes W.W. I Mrs. Florence B. Smallwood (wife) SameAs#
IMPORTAN	si and o	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3	Also, Also, noun atter	LEADING TO DEATH
••	5 5 5	heort loiture, asthenia, etc. It means the disease,
OR:		injury or complication which caused death.)
5	xamicami A fr who reg	DISEASES OR CONDITIONS, il any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
DIRECT	T O E E S	ise to the above cause (A) stating the UNDERLYING CONDITION last. (C) CVA - PISAT SIDE
	adical dical dical rrns; (% rsician was in mains	
AL		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL J DISEASE OR CONDITION GIVEN IN PART 1 (A).
R	T - A U	DISEASE OR CONDITION GIVEN IN PART 1 [A]. 1994-Date of Operation 1998 CONDITION FOR WHICH OPERATION 2004, AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED
UNERA	by a 2) Bod 2) Bod re the physic fore th	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
7	by the cl pital by Jre; (2) B where t No phy d before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimara City, give exact lacation)
		DEATH (notify medical examiner) etc.)
	roved by the he hospital by nature; (2) xcept where and (6) No phained before	21D. TIME (Month) (Doy) (Year) (Haus) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Nat While
	00 2 2 2 4	Work At Work
	CT FO O	22. I certify that (I) (this hospital) attended the deceased from 128/7 19 17 to 2/2 19 That (I) (we) last saw the deceased alive on 2/2/7/19 and that in (my) (aur) opinion death occurred on the date
	0 2 5 7	that (i) (we) last saw the deceased alive on
	dent dent iospit deat must	23A. SIGNATURE (23B. DATE SIGNED)
		J. Jereniak bull M. D. Attending Med. Shoff 3/22/7/
	ificate m y was religious. The at a find prior to approval	23C. PHYSICIAN'S NAME (Type) To Townsich David M.D. 23D. ADDRESS Baltimore City Hoopitals
	certificate sody was r fs: (1) An a b.O.A. at a ased prior	4940 Eastern Ave. Baltimore, Md. 21224
	E \$ 0 0 0 0	24A. BURIAL CREMATION, REMOVAL (Spacily) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
		Burial Feb. 26/71 Bethel Cematery Chesapeake City, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DATE OF ACCUSED AND ACCUSED ACCUSED AND ACCUSED AND ACCUS
	This certiful the body shows: (1) was D.O. deceased written a	FEB 25 17 Cabe E. Jacke M. O 25C. FUNERAL DIRECTOR Singleton APANSEral Home FEB 25 17 Cabe E. Jacke M. O 25C. FUNERAL DIRECTOR Singleton APANSEral Home FEB 25 17 Cabe E. Jacke M. O 25C. FUNERAL DIRECTOR Singleton APANSEral Home
	23	VS 150-REV. 1/1/68

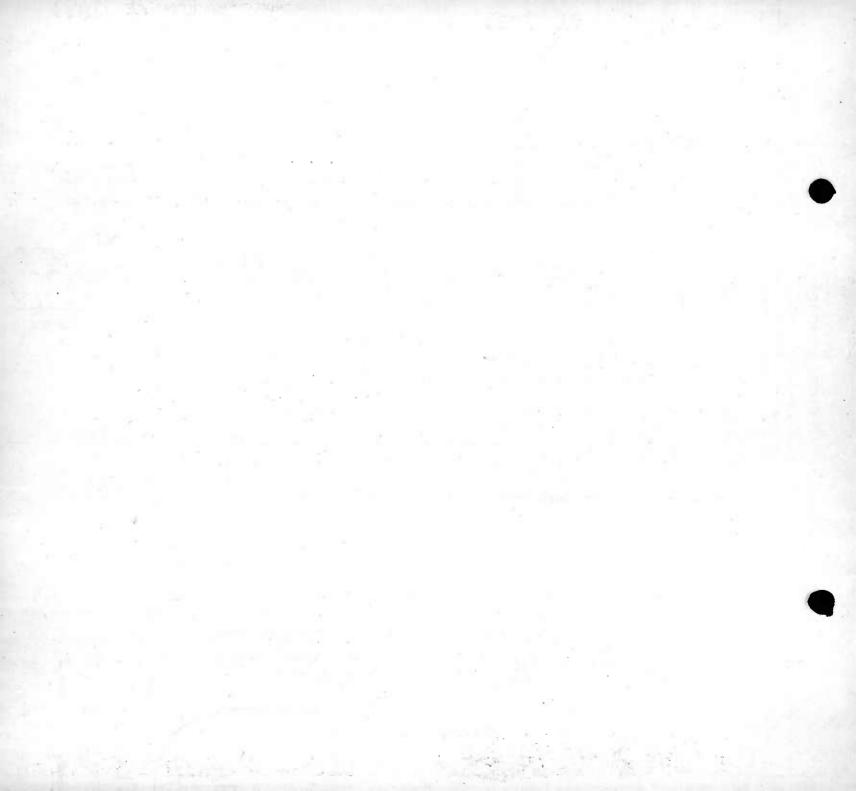
1	430	71	193	BALTIMORE CITY CERTIFICA			REG. NO.	71	1921	_
1, NA	ME OF DEC	EASED				2. DATE A	ND HOUR OF DEA	тн		
(Туре	e ar Print)	JOHN C. P	LUTA			FEBRU	JARY 22, 19	71	5	A.M.
3. PI	ACE IN BAL	TIMORE, MARYLAND, W		NOUNCED DEAD	4. USL	AL RESIDENCE (WI	nere deceased lived. I	f institution; re	sidence befare	admissian)
HOS	L NAME OF	(IF NOT IN HOSPITA	AL OR INS	STITUTION, GIVE STREET		MARYLAND OR TOWN		NSIDE CITY LI	771	7
2		ANIER AVENUE				BALTIMORE EET AND NUMBER		YES 🕅	NO []
0	0					4910 LANIEI	R AVENUE #	21215		**
5. SE	X	6. RACE	7. MARRI	ED X NEVER MARRIED	8. DAT	OF BIRTH	9. AGE (In years last birthday)	If Under Months	1 Yr. If Un Ooys Hours	der 24 Hrs.
10A.		WHITE JPATION (Give kind of work working life, even if retired)	WIDOW	DIVORCED DIVORCED OF BUSINESS OR INDUSTRY		L 28, 1898 THPLACE (State or fo	72		EN OF WHAT	
	HIPPER		NA	TIONAL CAN	CH	ICAGO, ILL	INOIS	U	SA	
	ATHER'S NA	ME			_	THER'S MAIDEN N.				
A	ARON PI	UTA				ERTHA	?			
15. W	as Deceased	Ever in U. S. Armed For		1 6. SOCIAL	17. INF	DRMANT	·		ADDRESS	
		(If yes, give wor or dote	s of servic							1015
N	B. 2/ 🙄			214-20-2466 CAUSE OF DEAT		DOROTHY P	LUTZ, 4910	LANIER	AVE. #2	
RTIFICATION	(This does repeated to the control of the control o	DE OR CONDITION DIF LEADING TO DEATH not meen the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION lost. ILLIANT CONDITIONS COI H BUT NOT RELATED TO THE OPERATION TO THE CONDITION GIVEN IN PAR OPERATION TO THE CONDITION COI WAS PERI	dying, e the disea death.) any, givi stating NTRIBUTIN HE TERMIN I 1 (A). DITION FO	(B)	A CON5	SEQUENCE OF:	No) 20B. IF YES, WE IN CERTIFYING	CAUSES OF E	DEATH?	1
AL.	OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examiner		21B. PLACE OF INJURY (e.g., i home, farm, factory, street, o etc.)	n or abo ffice bldg	21 C. WHERE DID INJURY OCCUR?	(If In Boltin	more City, give	exoct locotign	
143	DE INJURY	(Month) (Doy) (Year)	(Hour)	21E INJURY OCCURRED		21F. HOW DID IN	IJURY OCCUR?			
5	(APPROX.)			While At Not While Work At Work						
	10 1	.1 . (1) (.1 . 1	1)		-0	1	· 270	1111	1	
		that (1) (this hospital		2/2 ==		- 71	19 20 to (/		19,
1	hot (I) (we)	lost sow the deceose	d olive o	on $2/20$	I	9ond	thot in (my) (our)	opinion deot	h occurred o	on the date
	and hour on	from the causes stat	ed obove	e. (1) (We) (did) (did not) v	riew the	body ofter death	•			
2	3A. SIGNATU	RE	1					23 B. DAT	E-SIGNED /	
	ARI	vience 40	lim	DEGREE Phy	ending [Med. Director	Staff Phys.	2/	22/7	1.
	NAME (T		0		23 D. AD	DRESS				1-
	IAWINE ()	LAWRENCE S	SOLOMO	ON	360	O LOCHEARN	DRIVE			
24A.	BURIAL CRE	MATION, 24B. DATE	240	DEGREE . NAME of CEMETERY OF CR	EMATOR	Y 240.	LOCATION	(City, town, o	r county)	(Stote)
_	REMOVAL (Specify)					BALTIMORE,			
	BURIAL	2-23-7		HIZUK AMUNO (ARI				PRILLI TRUI		
25A.	DATE REC'D	BY HEALTH DEPT.	25B. NAM	TE OF REGISTRAR	250	FUNERAL DIRECTO	BROS.,60	10 REIS	ADDRESS STERSTON	N ROAD
VS 1	FFR 2 50-REV. 1/1/	5 1977 Vabel	E, Ya	essen direction) 3	T GLA THE SOM	d prog., oc	720 11110	,111010N	

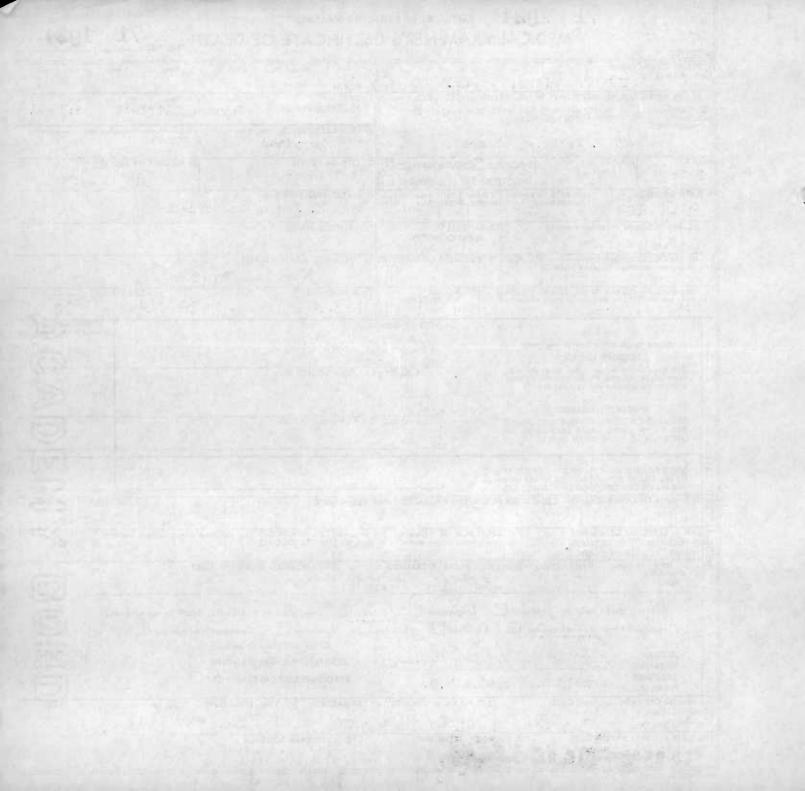


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

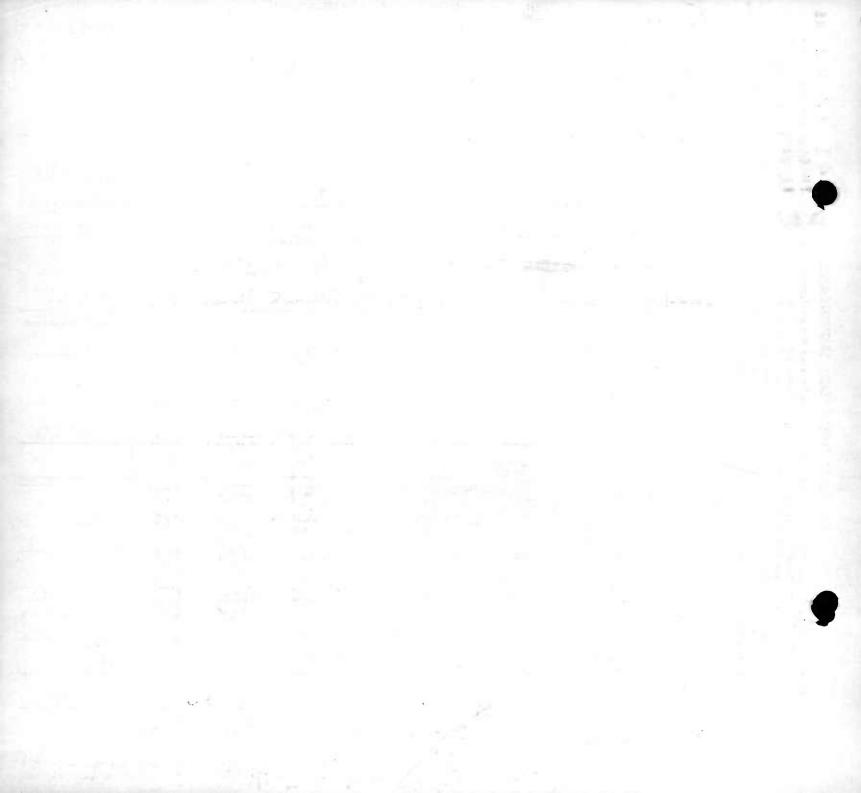
	4-665	4.000		Y HEALTH DEPARTMEN	NT	
	#-360 71	1922	CERTIFICA	TE OF DEAT	H REG. NO	74 1922
ŀ	Type or Print	1 . 10	A	2. DA	TE AND HOUR OF PEATH	71 1000
	3. PLACE IN BALTIMORE MARYLAND,	SALER WHERE PRONO	NICK	IA IISIIAI BESIDENCE	2/22/7/	5.30 A. M. stilution: residence before admission
				We state De	COUNT	1) /2
	FULL NAME OF (IF NOT IN HOSPI HOSPITAL OR ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN		
1	2				BALTIMORE B. INSI	YES NO
Z_{\parallel}	SINDI HOSPITA	_		E. STREET AND NUM	BER	
o p	5. SEX 6. RACE				RDS CANE #	
Ĕ	FEMBLE WHITE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9/20/86	9. AGE (In yeers lest birthdoy) 84 XXXX	If Under 1 Yr. If Under 24 His. Menths Deys Heurs Min.
u	10A, USUAL OCCUPATION (Give kind of word done during most of werking life, even if retired)	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stete		12. CITIZEN OF WHAT COUNTRY!
Ĕ	HOUSE WIFE	TA	HOME	RUSSIA		USA
S od	13. FATHER'S NAME			14 MOTHER'S MAIDE	NAME	
dis	UNKNOWN			UNKNOWN		
8	15. Was Deceesed Ever in U. S. Armed fe (Yes, no or unknown) Uf yes, give wor or det	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	МО		215-03-2380A	MRS. FLORENC	E PASS. 3917 G	LENGYLE AVE. #21215
0	18.4/0,91		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
P	DISEASE OR CONDITION DI LEADING TO DEATH	RECTLY		41001000000	0 0.1	
pellipa	(This does not meen the mode of heart failure, asthenio, etc. It means	dying, e.g.,	DUE TO, OR AS	ISE CARDIORPESPI A CONSEQUENCE OF:	entory beres	ST SECONDS
	injury or complication which caused	deoth.)				
	ANTECEDENT CAUSES		(B) PUC	MONDRY A CONSEQUENCE OF:	AMBQ3	MINUTES
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stelling the			A CONSEQUENCE OF:	******************************	***************************************
<u> </u>	UNDERLYING CONDITION last. (C) CONSES			A3H BVIT	27 POILURE	MONTHS
	Z OTHER SIGNISIS AND SOME TO BE				•	
	O OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL	ACUTE	MYOCARDA	C INFORCTION	donths.
	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 1994 DATE OF OPERATION 1998. CON WAS PER	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes	or Nel 208, IF YES, WERE F	INDINGS CONSIDERED
	WAS FEE			1	I	SES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 B. hemo etc.)	PLACE OF INJURY (e.g., in b, form, fectory, street, of	or ebout 21 C. WHERE D	ID (If In Boltimere	City, give exoct location)
	21D.TIME (Menth) (Doy) (Yeoil	(Heud 21E	INJURY OCCURRED	21 F. HOW DIE	INJURY OCCUR?	
	IAPPROX.)	Whil	e At Net While	· 🗆 📗		
	22. I certify that (I) (this haspital) attended th		1- 25	19 <u>7 /</u> _ta	2- 22 19 71
	that (I) (we) last saw the decease			19 7 / an		Ion death accurred an the date
	and hour and fram the causes stat	ed abave. (1)	(We) (did) (did nat) vi	ew the bady after dec	ath.	
	23A. SIGNATURE Juista		4.4			23 B. DATE SIGNED
		и	DEGREE Phys.		Stoff Phys.	2-72-71
2	PROUKLIN WEIN	STEIN	MO	SINDI HOS	PITOL.	
	AA. BURIAL CREMATION, 248. DATE	24C.NA	ME of CEMETERY of CRE	MATORY 24	D. LOCATION (City	, town, or county) (Stotel
2	REMOVAL (Specify) BURIAL 2-23-71 SA. DATE REC'D BY HEALTH DERT.		SSETH ISRAEL K		BALTIMORE, MAN	•
	FEB 25 1971 04848	E Jabe	REGISTRAR O	SOL LEVINSON		ADDRESS REISTERSTOWN ROAD
V	'S 150-REV. 1/1/68					





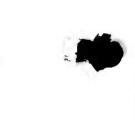


_	-			BALTIMORE CITY	HEALTH DE	PARTMENT			
BIR	- 200 th NO.	71 1	.925	CERTIFICA	TE OF		REG. NO		1935
	AME OF DECEAS	ED	HARR	N. THI	ESS	2. DATE A	AUN DEATH	(23)	71 1112
3, 1	LACE IN BALTIM	ORE, MARYLAND, V				ESIDENCE (Wh		institution; resi	dence before odmission)
FU	LL NAME OF		AL OR INSTITU	JTION, GIVE STREET	C. CITY OR	. B	Att.	SIDE CITY LIM	602
	ZOHNS	Hopkins	Hosp	inal	E. STREET	HIMOICE,		YES 🔄	NO 🗌
<u></u>					23	5 N. A	PORT ST		
5. \$	EX 6. I	ACE	7- MARRIED	NEVER MARRIED	& DATE OF		9. AGE (In years last birthday)	II Undet 1	Yr. Il Under 24 Hrs. ays Hours Min.
	10	Cau	WIDOWED	DIVORCED	12/2	4/0)	63		
		TION (Give kind of woring life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPL	A CE ISlate of for	eign country!	12. CITIZE	N OF WHAT COUNTRY?
	MACHETIANI		under	istrial	R	alt. W	()		USA
13.	FATHER'S NAME	ATTIC P	00.00	(3 () (A) ()	14. MOTHE	L'S MAIDEN NA	ME		0
	JOF	HI The	sis 1	HIESS	Wi	folda	REBEL	>	
15. \ 1 Ye s	Was Deceased Eve , no or unknown)[(If	r in U.S. Armed Fo yes, give war or dot	rces?	1 & SOCIAL SECURITY NO.	17. INFORM		- 10	-	DDRESS
0	- CNO			218-10-0977	Mrs. J.	Mank	- Thiess - S	232 N.	Bat Mr.
	18. 5 / 9.	31		CAUSE OF DEAT	1				APPROXIMATE INTERVAL
		OR CONDITION DI	RECILY		D.1.		10000	1)	114.2
	(This does not heart failure, ast	mean the mode of henia, etc. 11 means ation which caused	the disease,	(A) IMMEDIATE CAL	A CONSEQUE	NCE OF:	mocar 6	200.1	10/10
		ECEDENT CAUSES		5-	- in A	0		1	72100
				(B) OUE TO OR AS	A CONSPOU	ENCE OF:	LENA! JA	mis	
		CONDITIONS, if bove cause (A) ONDITION last.			PD		,		4-6 yr.
		11	- · · · · · · · · · · · · · · · · · · ·						
NO		NT CONDITIONS CO							
AT	DISEASE OR CON	UT NOT RELATED TO T DITION GIVEN IN PA	PT 8 (A)						
ERTIFICATION	19A.DATE OF OP	ERATION 19% CON WAS PEI	FALLURE	WHICH OPERATION PERCETORED CAT L PLACEMENT	1+ 20A. AUT	CO,	10) 20B, IF YES, WERI	FINDINGS C AUSES OF DE	ONSIDERED ATH?
CALC	21A. A CCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING [IG [] CAUSE OF] 21B	PLACE OF INJURY (e.g., i	n of about 210	C. WHERE DID	(If In Baltim	ore City, give	exact locotion)
666	21 D. TIME IM	ionth) (Day) (Year)		INJURY OCCURRED		HOW DID IN	JURY OCCUR?		
8	(APPROXI		Whi	ile At Not While	° 🗆				
	22. 1 certify the	t (f) (this hospite	i) attended t	he deceased from	2115)	19 7 1 to 2	122	19 7
	that ((we) las	it saw the deceas	ed alive an_	2/23	19		hat in (pr) (aur) a	inion death	occurred on the date
		am the causes sta	ted abave.	(We) (did) (did nor)	iew the bac	ly after death	•		
	23A. SIGNATURE	01-	7			/		23B, DATE	SIGNED
	- 9an	ald.	(rumo	DEGREE Phy	ending	Med. Director	Staff Phys.	0/9	371
	23C. PHYSICIAN'S NAME (Type		1		23D. ADDRES	s	>		
		DONALD	L. IR	DEGREE OF OFFICE	601	N.	BYOADWA	4 6	ALT, Md.
24/	REMOVAL (Spec	TION, 248, DATE	24C. N.	AME of CEMETERY or CR	MATORY	24D.		City, town, or	county) (Statel
L	BURIA	10/10/2	11 E	DALTIMORE	CEM.		BALTO.	MD	
25/		MEACTH DAY	25B. WAME	OF AGISTRA	25C FUI	MERAL DIRECTO	DR 200 - 2	334 (Address &
	150-REV. 1/1/68		1 100			0 0			++



	1	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be an eved by the chief medical examiner or his assistant if death a greed in a hospital and the body was released to be hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	3. FILH IN 15. (Ye
FUNER	This certificate must be at the ded by the chief the body was released to the hospital by a m shows: (1) An accident of any nature; (2) Body was D.O.A. at a hospital (except where the p deceased prior to death); and (6) No physicial written approval must be obtained before the	MEDICAL CERTIFICATION
	andy (1) 0.0.0	24/
	This c the bo shows was E decea	257

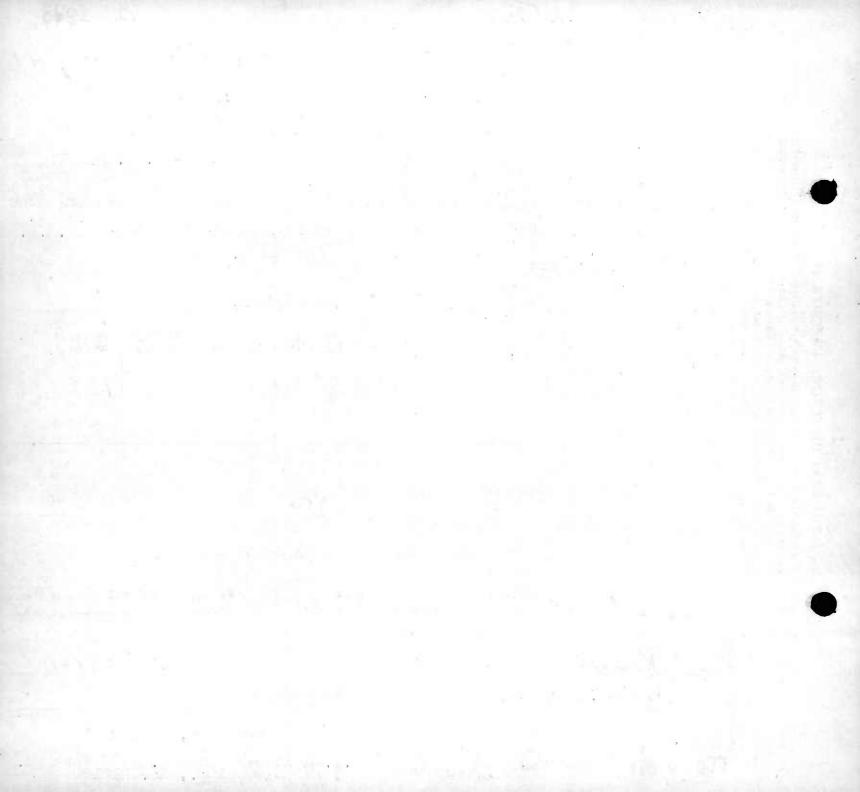
١.	M_{200} 71 10	26 BALTIMORE CITY	HEALTH DEPARTMENT		71 1000 /
	TH NO. 71-02062	CERTIFICA	TE OF DEATH	REG. NO	71 1980
	Pe or Proc. ,		2. DATE AND	HOUR OF DEATH	. 11'00
3.	Anderia Muse PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institu	tion: residence before odmission)
FU	ILL NAME OF (IF NOT IN HOSPITAL OR II) SPITAL OR ADDRESS OR LOCATION) SITUTION		M.D.	T .	200
C	lither Hospital		C. CITY OR TOWN BOULDING E. STREET AND NUMBER		CITY LIMITS?
-	SEX 6. RACE 17. MAD	Lose, Md.	2860 W. n	Willetry	St. 21223
	Female NOONA WIDO	WED DIVORCED	2 - 7 - 7/	. AGE (In years osl birthday) M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
dor 10A	USUAL OCCUPATION (Give kind of work 10B. KIN deducing most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreig	n country) 1:	2. CITIZEN OF WHAT COUNTRY?
	infant	yan	Partimora	nd	11.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE .	ON JATA
	Melvin L. Muse		Brenda Car	rter	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) [If yes, give wor or doles of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
	NO	10000	Mr. Melvin Mu	150 2860 W	Mulherry Ct
_	18. 7 7 6 8 1	CAUSE OF DEATH		25C 2000 W.	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	Cardi	resperatory	Louleis .	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying,	(A) IMMEDIATE CAU	SE/	Januare	
	heart failure, asthenia, etc. It means the disc	ose, DUE TO, OR AS	A CONSEQUENCE OF:	V	r 2 days
	injury or complication which coused death.)	1016	Distance of	1.	n
	ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:		******
	DISEASES OR CONDITIONS, il any, gi rise to the above couse (A) stating UNDERLYING CONDITION last.	the d	te hereby		
z		 			
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMI	NG NAL	,		
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	*****************	20A. AUTOPSY? (Yes or No)	208 IS VEC WERE SIND	NACE CONSIDERED
CERTIFIC	WAS PERFORMED	ok Willell O'EKAHOR	Zow Wolfotzisties of Hou	20B. IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?
CAL	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B PLACE OF INJURY (e.g., ir home, form, factory, street, aff etc.)	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltimare Cit	ty, give exoct lacation)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
~	(APPROX)	While At Not While	· 🗆		
	22. I certify that (I) (this haspital) attend	ed the deceased from	19	to	19
	that (1) (we) last saw the deceased alive			In(my) (aur) apinion	death occurred on the date
	and hour and from the couses stated above				
	23A-6IGNATURE				L DATE SIGNED
	Hambert f. Locuandon	DEGREE Phys	nding Med. S	haff hys.	1-22-71
	23C. PHYSICIAN'S NAME (Type)	2	So. ADDRESS Lutheran H	ospetal	
24 <i>A</i>	BURIAL CREMATION, 248, DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City, to	own, or county) (State)
	Primial 2 25 20-	Arbutus Memori	Bal	timore Co	o. Maryland
25 <i>A</i>		ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
VS	FEB 25 1071 (2. 1 2 2 2 150-REV, 1/1/68	Benta 7 0 0	NUTTER FUNEF	RAL HOME 30:	35 W. NORTH AV

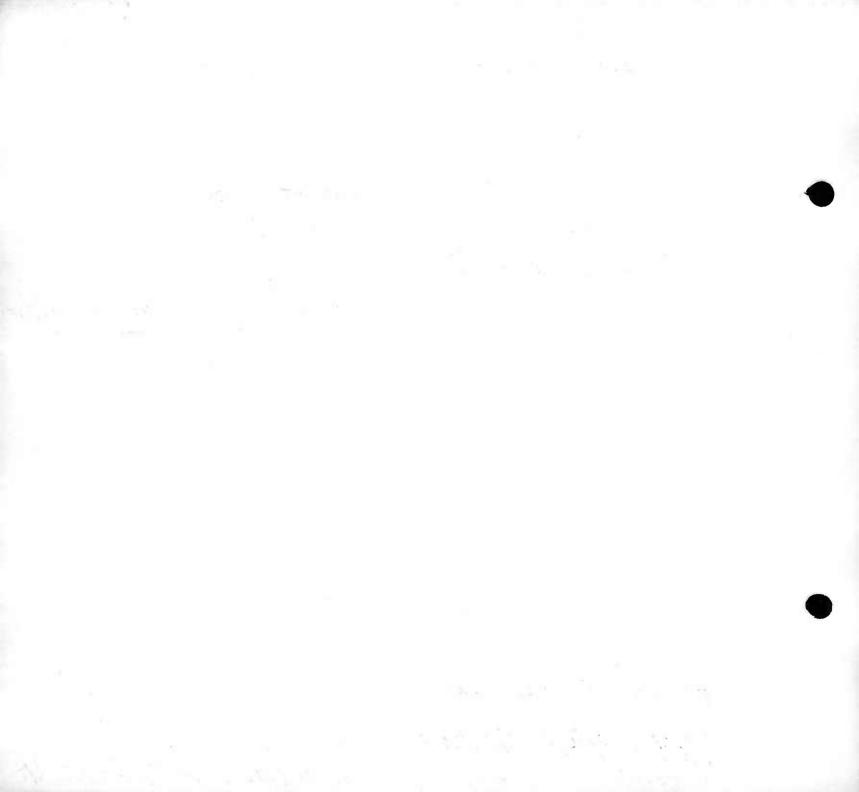


Total Control of the

Letter from M.E.'s office 3-19-71 M.H.

_	1 - 11	17.8	1 - 0	BALTIMORE CITY	HEALTH DEPARTMENT		F14 4000
1	-526	1	194	CEPTIFICA	TE OF DEATH	REG. NO	17 7848
	TH NO.				TE OF BLATTI		
	AME OF DECEA:	Eleano!	eanor	Finger	2. DATE AN	223277	1040 A
3.	PLACE IN BALTIM	ORE, MARYLAND	, WHERE PROP	NOUNCED DEAD	4. USUAL RESIDENCE (When		stitution: residence before admission
HC	LL NAME OF	(IF NOT IN HOS	SPITAL OR INS	TITUTION, GIVE STREET	Bermuda	Devonshir	DE CITY LIMITS?
IN:	NOITUTITE						YES NO
1	33 The	Johns Ho	pkins	Hospital	Devonshire E. STREET AND NUMBER		
					Melville E		P. 0: Box 170
). S	EX 6.	RACE (7. MARRI	ED NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	1		WIDOW		4/14/13	57	
		TION (Give kind of a king life, even if retire		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNT
OII	Housewi	_		Own Home	Vancouver. B	mitiah Col	lumbia U.S.A.
3.	FATHER'S NAME	Λ		O TOTAL ALVANIA	14. MOTHER'S MAIDEN NAM	ME	LEMIDIA VONA
		e/Lockha			Charlotte M	unn)	
5. Ye:	Was Deceased Ev s, no or unknown) (tf	er in U. S. Armed yes, give wor or	Forces? dotes of service	e) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No				Edward Finge	r.	Same
	1B. ()			CAUSE OF DEAT		- ,	APPROXIMATE INTERVAL
	DISEASE	OR CONDITION	DIRECTLY			Thrank	BETWEEN ONSET AND DEA
		ADING TO DEA		(A) IMMEDIATE CA	ISE Sacterem	ia4 pe	nia 3 days
		meon the mode		994 DUE TO OR AS	A CONSEQUENCE OF:	////	7
		thenia, etc. It me cation which cou		se,	. / 1	(
	AN	TECEDENT CAU	SES	11/	eltiple Myel	0410	15 mas
		CONDITIONS,		(B)DUE TO OR AS	A CONSEQUENCE OF:		
		abave cause (3			
	UNDERLYING (CONDITION last.		(C)			
_		11	- 11				
ATION		NT CONDITIONS					
AT	DISEASE OF CON	DITION GIVEN IN	PART 1 (A).		100 A	W 008 3	
ERTIFIC/	19A. DATE OF O		PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? NO
CAL CE	21A. ACCIDENT	WAS UNDERLYIN NG CAUSE OF edicol exominer		21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obaut 21C. WHERE DID ffice btdg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
ā		Aonth) (Day) (Ye	ear) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
ME	(APPROX.)			While At Not Whi			
				Wark L. Al Work		99	7.
	22. I certify the	ot 🌇 (this hosp	ital) attende	d the deceased from	- 1	19 71 to	2/23 1971
	that 🏟 (we) lo	st sow the dece	osed olive o	2/23	19_7/ond th	ot in/m/y/(our) opi	nion deoth occurred on the d
	ond hour ond fi	om the couses	stated obove	. (We) (did) (did Set)	view the body ofter deoth.		
	23A. SIGNATURE		2/1		,		23B. DATE SIGNED
	W.	- 000	Alten		ending Med.	Staff Ph.	2/23/7/
	23C. PHYSICIAN'S	ssell	ference	DEGREE Phy	23D. ADDRESS	Phys. 🗀 .	103/4/
	NAME (Type	ssell H	arris,	M.D.	The Johns Ho	pkins Hos	pital
24/	BURIAL CREMA	TION, 248. DATE		NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Ci	ly, town, or county) (State)
P	REMOVAL (Spe	- 1-1	/77		Hat	tiesburg, Mi	ssissippi
254	em Buris	HEALTH DEPT.	/ L	AS OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
-	at Mark a second	4 0		A . ES 4			
- 1	75 107	Cabe & E	Walliam!		#.W.Jankans	& Sons Co	. 4905 York Rd
L	150-REV. 1/1/68	Obbes E	Walley !	0 0	H.W. Jenkans	& Sons Co Balto., M	d. 21212 Rd





VS 151-REV. 1/1/68

Let BARY S.C. Filste Drohon Lois Long Lobert Land Lets Pleased Respected

VS 150-REV, 1/1/68



24C. NAME of CEMETERY or CREMATORY

258. NAME OF REGISTRAR

Meadowridge Memorial Pk.

25C. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

Donovan Funeral Home 3818 Roland Ave

Howard Co., Maryland

NAME (Type)
24A. BURIAL CREMATION,

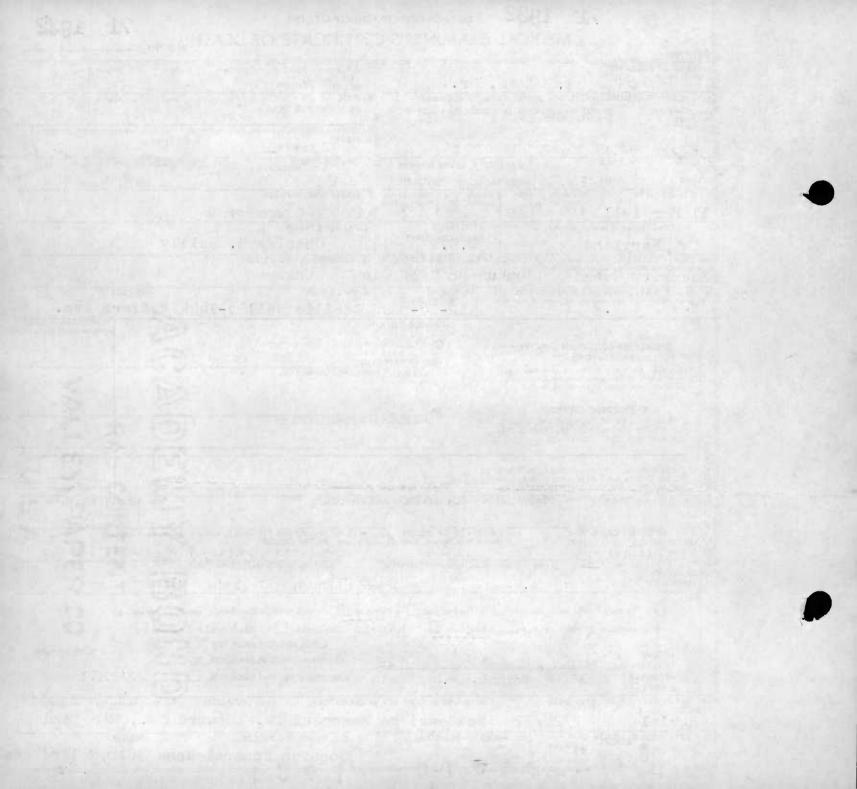
25A. DATE REC'D BY HEALTH DEPT

REMOVAL (Specify)
Burial

VS 151-REV. 1/1/68

24B. DATE

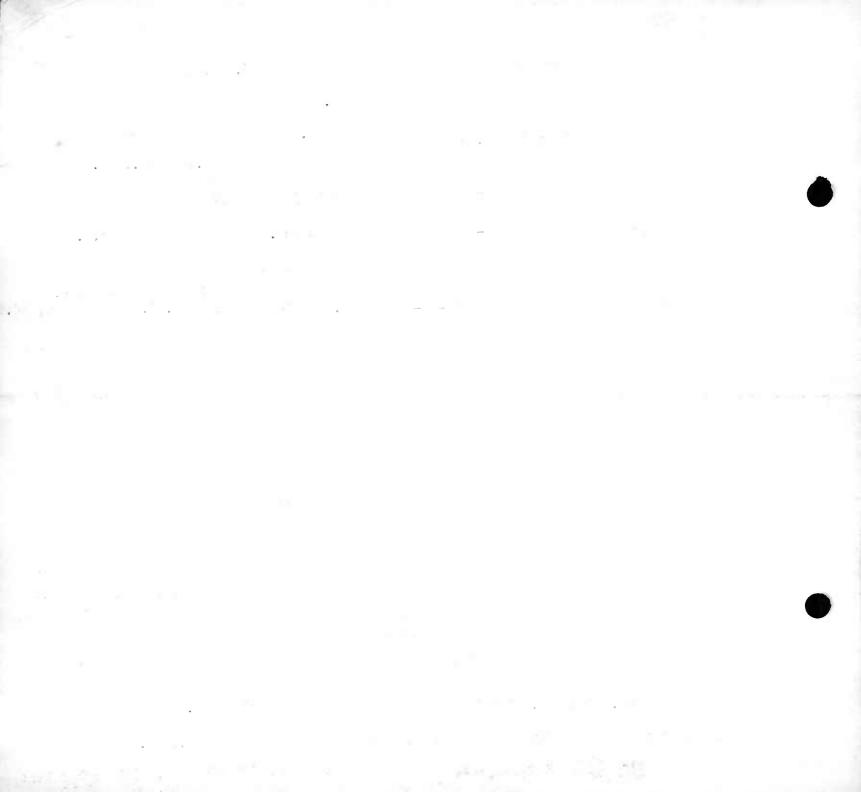
26



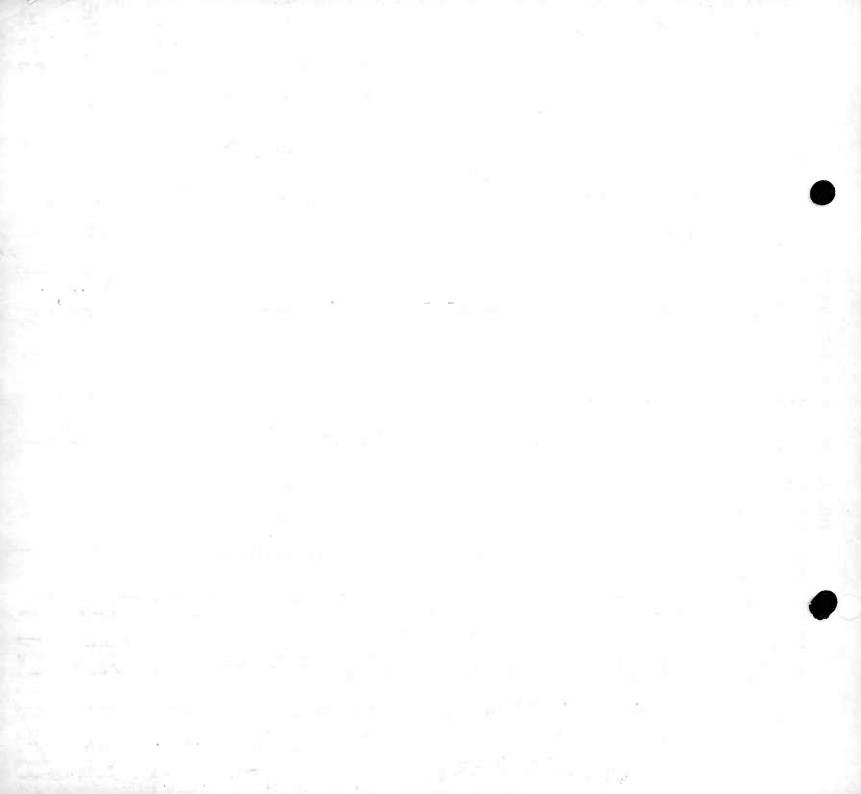
FUNERAL DIRECTOR: IMPORTANT

C 115 BALTIMORE	CITY HEALTH DEPARTMENT							
	CATE OF DEATH REG. NO. 71 1933							
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)							
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	CYCITY OR TOWN D. INSIDE CITY LIMITS?							
Mary land General Hospital	E. STREET AND NUMBER							
Balterrose Md	500 Hollen St. Rd.							
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. AGE (In years I Under 1 Yr. If Under 24 His. Months Doys Hours Min.							
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY							
Nswt	Mary land 115A							
13. FATHER'S NAME	14. MOTHELYS MAIDEN NAME							
? Healy 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	? Maldon							
(Yes, no of unknown) (If yes, give wor or dates of service)	Mr. Joseph A. Sullivan 2102 South Rd.							
18. 7 3 0, 1 0 Y CAUSE OF DE	ATH APPROXIMATE INTERVAL							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Marie Care II							
fThis does not mean the mode of dying, e.g., (A) IMMEDIATE (DUE IO, OR	AS A CONSEQUENCE OF:							
heart failure, osthenio, etc. It means the disease, injury or complication which coused death.)								
ANTECEDENT CAUSES	To Gastric Wilitelian							
DISEASES OR CONDITIONS, if ony, giving tise to the obove cause (A) stating the	AS A CONSEQUENCE OF:							
UNDERLYING CONDITION lost. (c)	loratory Laparatomia							
z II Dialela	A 9							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	= arrytemia							
19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
=12/2/// Throwing Man	IN CERTIFIING CAUSES OF DEATH?							
I low contributing CAUSE OF home, form, factory, sheet	g., in ar about 21 C. WHERE DID (If In Boltimore City, give exact location)							
	2000							
21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At 1 Not W	21F. HOW DID INJURY OCCUR?							
Work At Wo	ork L							
22. I certify that (1) (this hospital) attended the deceased from	2/7/7/ 19 to 2/2/// 19							
that (1) (we) lost saw the deceased alive on	ond that in (my) (our) opinion death occurred on the date							
ond hour and from the causes stated obave. (1) (We) (did) (did not 23A. SIGNATURE								
1 01 h	Attending Med. Staff 172							
23C/PHYSICIAN'S NAME (Type)	Altending Med. Shaff Director Phys. 23D. ADDRESS							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CEMETERY	CREMATORY 24D. LOCATION (City, town, or coonly) (State)							
Burial 2/24/171 St. Michael								
FEB 26 101 Per E. Jahr MA	25C. FUNERAL DIRECTOR MADDRESS							
VS 150-BEV 1/1/48	John A. Monan, Inc. 3000 E. Baltimorie t.							

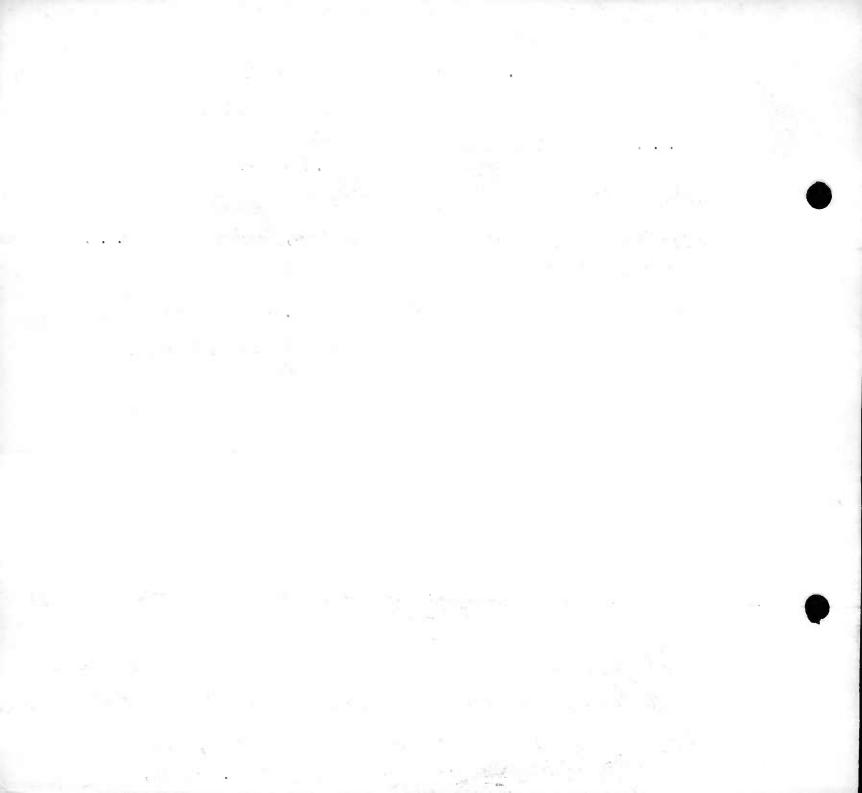
VS 150-REV. 1/1/68

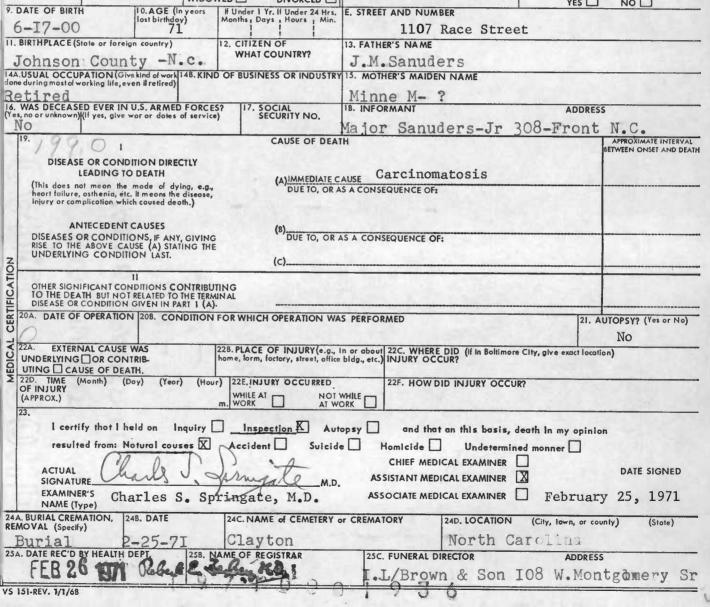


				BALTIMORE CITY	HEALTH DEPARTMENT		71 4005	
BIR	-525 TH NO.	71	1935	CERTIFICA	TE OF DEATH	REG. NO	71 1935	
	AME OF DEC	EASED		,	2. DATE A	ND HOUR OF DEATH	-	
ועיי	pe at Print)	Louis	F.L	ANGHAMM	er Feb	21, 1971	1 730 pm	
3.	PLACE IN BAL	TIMORE MARYLAND, V	VHERE PRONOL		4. USUAL RESIDENCE (Wh	ere deceased lived. If ins	titution: residence before admission)	
	LL NAME OF				MAKEY and	Baltime	ne 2643	
HC	SMITAL OR	ADDRESS OR LOC	ATION	JTION, GIVE STREET	C. CITY OF TOWN	p. INSI	DE CITY LIMITS?	
ľ.,	, UN	ion Mem	ORIAL	Hosp.	E. STREET AND NUMBER		YES H NO	
2	14					stmont A	Fre.	
5, 5	EX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Months Doys Haus Min.	
1	nn	Par	WIDOWED	DIVORCED	17/17/11	lost birthday) 69	Min.	
107	WILL DEEL	18 4 710 N/Give blad of west			11. BIRTHPLACE State or for	07	110 6171711 65 111111	
		working life, even if retired)	TIVE KIND OF	POSIMESS OF IMPOSIE	11. SIMINITACE/State of tor	eign counnyi	12. CITIZEN OF WHAT COUNTRY?	
	PETIR					nd	USA	
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME		
15. (Ye	Was Deceased s, no or unknown	Ever is U. S. Armed Fo	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		Balto. Md.	
L	no			215-07-3907	1	ghammer, 1559	Waverly Way,	
	18. 03	8 4 1		CAUSE OF DEAT			APPROXIMATE INTERVAL	
1	DISEAS	E OR CONDITION DI	RECTLY	Zate	AVAS COAgui	land The		
1		LEADING TO DEATH		(A) IMMEDIATE CAL	KE CONTY	opaing	Id.	
		of mean the mode of		DUE TO, OR AS	A CONSEQUENCE OF:			
		asthenia, etc. It means					1	
		plication which caused		Sepsi.	5			
	ANIECEDENI CAUSES							
	DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE OF:							
	DISEASES C	R CONDITIONS, IF		(B) DUE TO, OR AS	A CONSEQUENCE OF:		~ C W/C	
	rise to the	R CONDITIONS, If above cause (A) CONDITION last.	any, giving		A CONSEQUENCE OF:	o/ancitis		
	rise to the	above cause (A)	any, giving			olanj, tis		
Z	rise to the	above cause (A) CONDITION last	any, giving stating the			olanj, tis		
HON	other signif	above cause (A)	any, giving stating the			olanj, tis		
CATION	OTHER SIGNIF TO THE DEAT DISEASE OR C	above cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO 1 ONDITION GIVEN IN PAI	any, giving stating the ONTRIBUTING THE TERMINAL RT 1 (A).	(c) Preun	nomá vs ch	<i>J</i>	2 2 wk-	
TIFICATION	OTHER SIGNIF TO THE DEAT DISEASE OR C	above cause (A) CONDITION last. II ICANT CONDITIONS CO	any, giving stating the ONTRIBUTING THE TERMINAL RT 1 (A).	(c) Preum		<i>J</i>		
CERTIFICATION	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A DATE OF	GONDITION IGSL CONDITION IGSL II ICANT CONDITIONS CONDITION GIVEN IN PAI OPERATION 198 CONWAS PER	any, giving stating the stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VEFORMED	(C) TALLED WHICH OPERATION	20A. AUTOPSYR (Yes or N	o) 208, IF YES, WERE F	Lwk-	
AL CERTIFICATION	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A-DATE OF 21A-ACCIDER OR CONTRIBU	above cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO 1 ONDITION GIVEN IN PAI	any, giving stating the stating the DNTRIBUTING THE TERMINAL RT 1 (A). VIDITION FOR VEFORMED	(C) TALLEMAN WHICH OPERATION PLACE OF INJURY (e.g., i	nomà vs ch	o) 208, IF YES, WERE F	2 2 wk-	
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EDICAL CERTIFIC	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A-DATE OF 21A-ACCIDER OR CONTRIBL DEATH (notify 21D-TIME OF INJURY	GONDITION IGSL CONDITION IGSL ICANT CONDITIONS COMBINED TO TO THE CONDITION OF THE CONDIT	any, giving stating the stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VEFORMED	WHICH OPERATION PLACE OF INJURY (e.g., in factory, street, of injury occurred)	20A. AUTOPSYT (Yes or N NO n or obout 21 G. WHERE DID fice bldg. INJURY OCCUR? 21F. HOW DID IN	(If in Boltimore	Lwk-	
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EDICAL CERTIFIC	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDER OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify	above cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO 1 OPERATION SIVEN IN PAI OPERATION 1978. CON WAS PER IT WAS UNDERLYING ITING CAUSE OF medical examined	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VETORMED 21 E	(c) Taluan WHICH OPERATION PLACE OF INJURY (e.g., if e.g., farm, factory, street, of injury occurred) INJURY OCCURRED Not While At Work	20A. AUTOPSY? (Yes or N. N. O.	JURY OCCUR?	INDINGS CONSIDERED USES OF DEATH? City, give exact location)	
EDICAL CERTIFIC	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A-DATE OF 21A-ACCIDER OR CONTRIBL DEATH (noify 21D-TIME OF INJURY (APPROX.) 22. I certify that (I) (wp)	above cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO 1 OPERATION 1978. CON WAS PER IT WAS UNDERLYINO TINO CAUSE OF medical examines (Month! (Doy) (Year) that I (this hospital last sow the decease	any, giving stating the stating the DNTRIBUTING THE TERMINAL RT 1 (A). 10 110N FOR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WHICH OPERATION PLACE OF INJURY (e.g., i e.g. farm, factory, street, of injury occurred in the injury occurred in the injury occurred in the injury occurred in the injury occurred in the injury occurred in the injury occurred in the injury occurred in the injury occurred in the injury occurred injury	20A. AUTOPSY? (Yee or N On or obout 21 G. WHERE DID Rice bldg., INJURY OCCUR? 21F. HOW DID IN	JURY OCCUR? 19 27 to 2 hot in (my) (aux) opin	INDINGS CONSIDERED ISES OF DEATH? City, give exact location)	
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EDICAL CERTIFIC	OTHER SIGNIF TO THE DEAT TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDER OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (wp) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T)	above cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO 1 OPERATION 1978. CON WAS PER IT WAS UNDERLYINO ITINO CAUSE OF medicol examined (Month! (Doy) (Year) that I (this hospital last sow the decease if from the causes sta	ONTRIBUTING THE TERMINAL RT I (A). Whom etc. (House 21E, Whi Wo all attended to ed alive on attended above. (I	WHICH OPERATION PLACE OF INJURY (e.g., in factory, street of injury occurred in the control of	20A. AUTOPSY? (Yes ar N / O O O O O O O O O O	O 20B. IF YES, WERE FIN CERTIFYING CAU (If In Boltimore JURY OCCUR? 19 7/ to 2 hot In(my) (aux) opin	INDINGS CONSIDERED USES OF DEATH? City, give exact location) 19 7/ Iton death occurred on the date	
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MEDICAL CERTIFIC	OTHER SIGNIF TO THE DEAT TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDER OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (wp) and hour and 23A. SIGNATU 23A. SIGNATU 23A. SURIAL CRE REMOVAL (buria	above cause (A) CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving stating the stating the DNTRIBUTING THE TERMINAL TO AN INCIDENT TO A STATE OF THE TERMINAL TO A STATE OF THE TERMINAL TO A STATE OF THE TERMINAL TO A STATE OF THE TERMINAL TO A STATE OF THE TERMINAL TH	WHICH OPERATION PLACE OF INJURY (e.g., in the factory, street, of injury occurred injury occurred in the At Work the deceased from	20A. AUTOPSY? (Yes ar N	O 20B. IF YES, WERE FIN CERTIFYING CAU (If In Boltimore JURY OCCUR? 19 7/ to 2 hot In(my) (aux) opin Phys. 2 LOCATION (Cit	INDINGS CONSIDERED USES OF DEATH? City, give exact location) 19 7/ ulan death occurred on the date 238. DATE SIGNED 2/24/7/	
MEDICAL CERTIFIC	OTHER SIGNIF TO THE DEAT TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDER OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (wp) and hour and 23A. SIGNATU 23A. SIGNATU 23A. SURIAL CRE REMOVAL (buria	dove cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO 1 OPERATION 1982. CON WAS PER IT WAS UNDERLYING IT WAS PER IT WAS UNDERLYING IT	any, giving stating the stating the DNTRIBUTING THE TERMINAL TO AN INCIDENT TO A STATE OF THE TERMINAL TO A STATE OF THE TERMINAL TO A STATE OF THE TERMINAL TO A STATE OF THE TERMINAL TO A STATE OF THE TERMINAL TH	WHICH OPERATION PLACE OF INJURY (e.g., in the factory, street, of the factory, street, 20A. AUTOPSY? (Yes ar N	JURY OCCUR? Stoff Phys. LOCATION (City Med Carles) Stoff Phys. Balto Med Carles (City Carles)	INDINGS CONSIDERED ISES OF DEATH? City, give exact location) 19 7/ Itlan death occurred on the date 238. DATE SIGNED 2/24/7/ y, tawn, ar caunty) (State)		



VS 150-REV. 1/1/68





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IMPORTANT

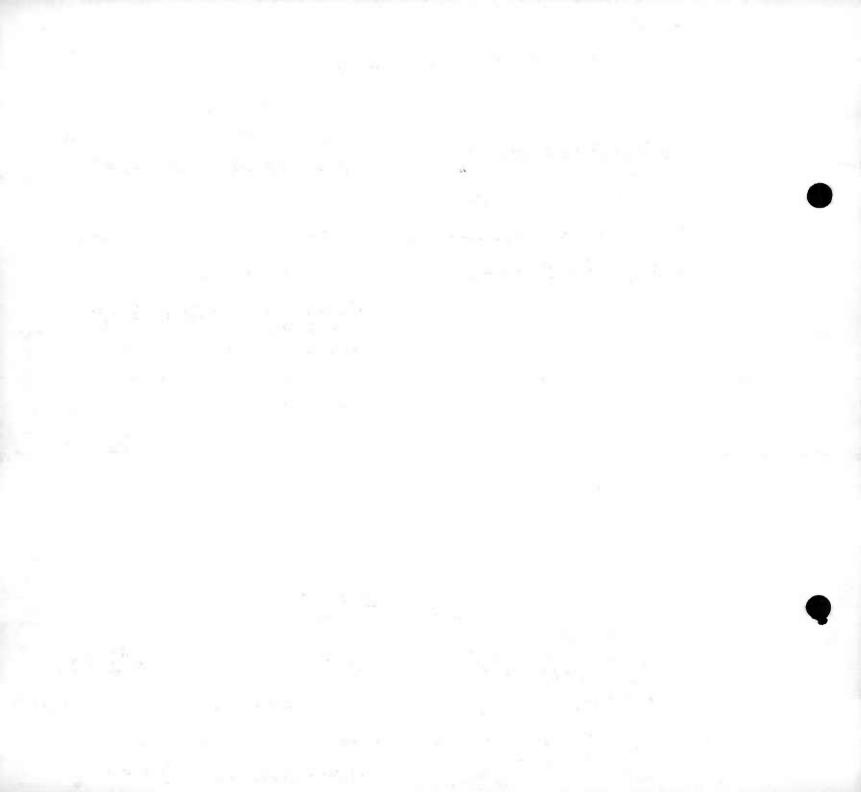
DIRECTOR:

FUNERAL



BALTIMORE CITY HEALTH DEPARTMENT REG. NO. __ 71 2. DATE AND HOUR OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE

B. COUNTY D. INSIDE CITY LIMITS? YES NO 9. AGE (In years Il Under 1 Yr. Il Under 24 His. 12. CITIZEN OF WHAT COUNTRY? ADDRESS AS. C.V.D. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact lacation) and that in (my) (our) opinion death occurred an the date 23B, DATE SIGNED (City, town, or ADDRESS



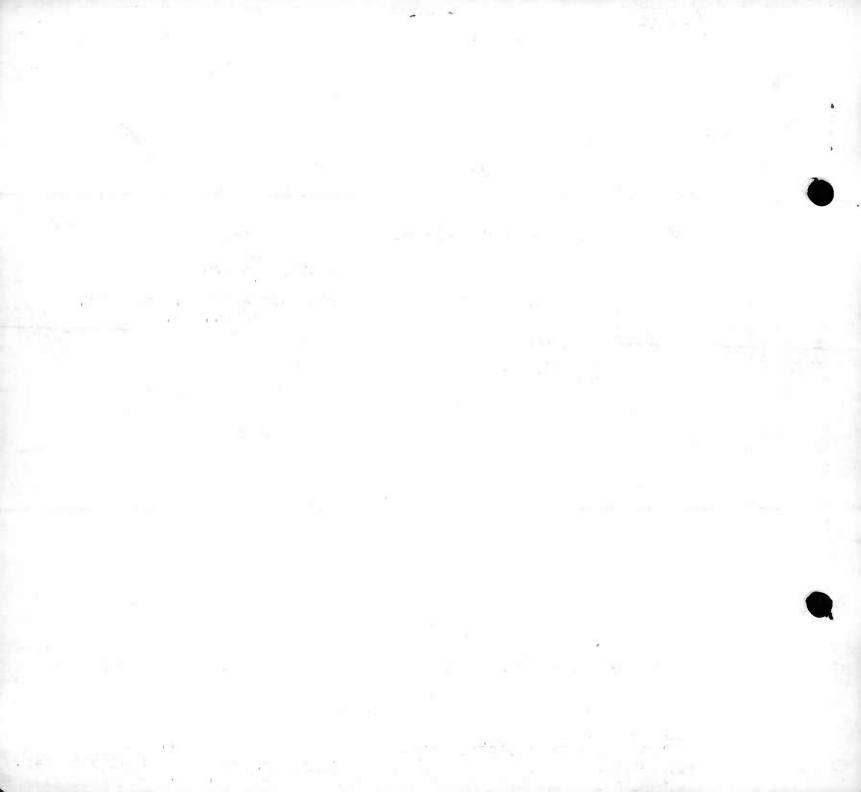
IMPORTANT

DIRECTOR:

FUNERAL



VS 150-REV. 1/1/68



EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify)

VS 151-REV. 1/1/68

24B. DATE

Buria 1 2-26-1971
25A. DATE REC'D BY HEALTH DEPT. 25B. N

S-400	71	1942 MEDICAL	d -	AMINER'S C			DEAT	H REG. NO	71	1942
NAME OF DECE	LOUIS I	ONALDEY	SCH	LEY	2. DATE OF DEATH	Knawn Estimated	Manth	Day	Year	Hnur
PLACE IN BALTII		OSPITAL OR INS	τιτυτιοκ,	GIVE STREET	3. DATE PRONOU 5. USUAL RI A. STATE	INCED DEAD SIDENCE (Wher Maryland	e deceased liv	Day Ary 23, 1 ed. If institution: B. COUNTY		Haur 4:55 P.M. befare admission)
. sex Ma le	White	B. MARR		NEVER MARRIED	C. CITY OR			D. INSIDE CIT	Y LIMITS?	NO \square
8-21-1920	lo. A	GE (In years pirthday)	If Under Manths	1 Yr. If Under 24 Hrs. Days Haurs Min.	E. STREET A		nd Stre	1601300	<u> </u>	NO L
i. BIRTHPLACE (Sto Mary la	nd			U.S.A.	13. FATHER'	s NAME nur H. S	ch1ey			
Custodia	rking life, even if re N	Balt	o. Sc	hool Board	Gen	evieve W	_{agner}			
s. WAS DECEASED es, na ar unknawn)(II No			2	SOCIAL SECURITY NO. 19-07-3599 CAUSE OF DEA			. Schle			21223 ckland St. APPROXIMATE INTERVAL
DISEASE LE (This does not heart failure, a	OR CONDITION ADING TO DEA' mean the made sthenia, etc. If me lication which caus	TH of dying, e.g., ans the disease,		Arterios	cleroti	c cardio	vascula	r disea	BET	WEEN ONSET AND DEATH
DISEASES OR	ECEDENT CAUS CONDITIONS, ABOVE CAUSE (A CONDITION L	IF ANY, GIVING		(B) DUE TO, OR	AS A CONSEC	RUENCE OF:				
TO THE DEAT	II ICANT CONDITIO H BUT NOT RELAT ONDITION GIVEN	ED TO THE TERM	INAL							
2				ICH OPERATION WA						OPSY? (Yes ar Na) Yes
UNDERLYING CAUSE 22D. TIME (MOFINJURY		(Year) (Hau	hame, far	CE OF INJURY (e.g., m, factory, street, affice	e bldg., etc.) If	2C. WHERE DID NJURY OCCUR? 2F. HOW DID IN			t lacation)	
(APPROX.) 23. I certify	y that I held a	n Inquiry	m.] WOR	K L ATW	tap sy 🔀	ond that on t	his basis,	death in my d	plnian	
ACTUAL SIGNATUR	d fram: Natura	couses 🗵	Accid	dent Suicid	ASSIS	micide CHIEF MEDICAL I	EXAMINER	ed manner		DATE SIGNED

24C. NAME of CEMETERY or CREMATORY

971 Meadowridge Cemetery Wash
25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

2/24/71

24D. LOCATION (City, town, or county)

Howard H. Hubbard, 4107 Wilkens Ave. 21229

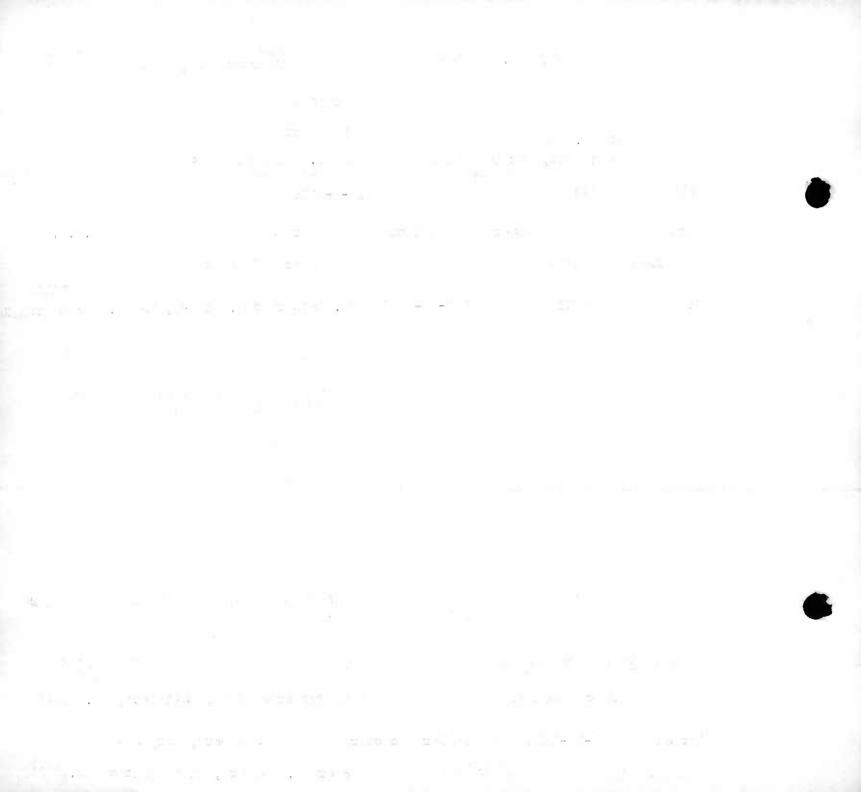
Washington Blvd. Howard Co. Md.
RECTOR ADDRESS

TOUT lado e L. moo . at the THE RESERVE OF THE PROPERTY OF THE PARTY OF 1-14-175 I Mark of the Constitution of the Con

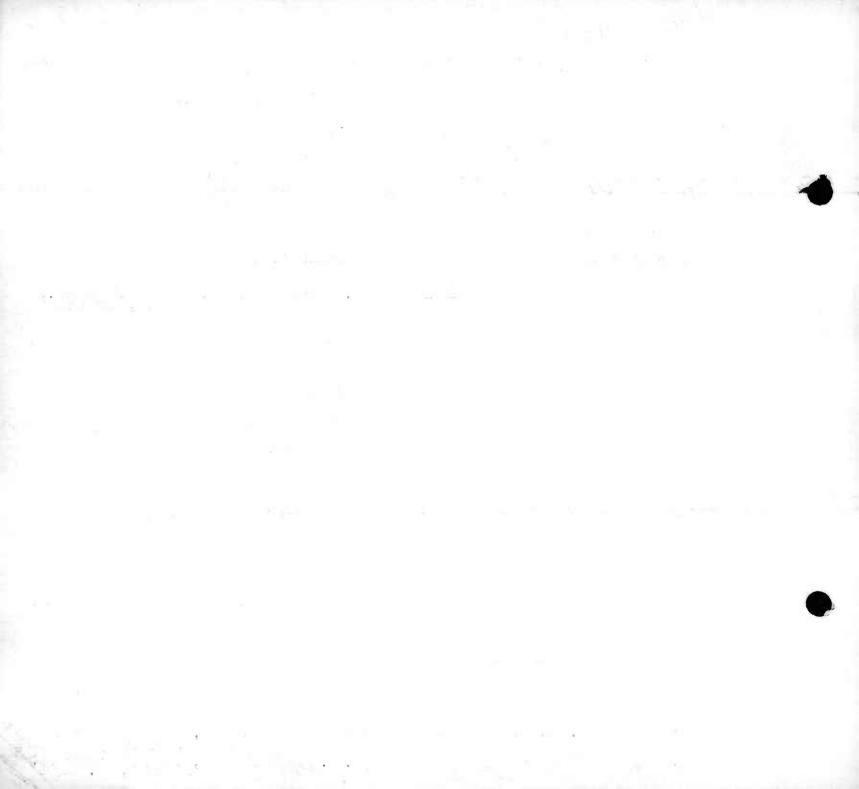
V\$ 150-REV, 1/1/6B

3 15 1 - 2 The state of the s noted to be a second to the second of the second

BIRTH NO	71	194	BALTIMORE CITY 4 CERTIFICA	HEALTH DEPARTMENT	NT REG. NO	74 4044		
	OF DECEASED		ELLEY	2. DA	TE AND HOUR OF DEATH			
3. PLACE	IN BALTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If i			
FULL NAME HOSPITAL	ME OF (IF NOT IN HOSPIT, OR ADDRESS OR LOCA ON	AL OR INSTITU	TION, GIVE STREET	Maryland C.CITY OR TOWN D. INSIDE CITY LIMITS?				
127	758 S. Wood	dinoton 1	Road	Baltimore		YES NO		
	Baltimore,	_		758 S. WOOL	dington Road			
S. SEX	6. RACE			8. DATE OF BIRTH		If Under 1 Yr., If Under 24 His.		
Male		WIDOWED	DIVORCED	11-8-1910	9. AGE (In years lost birthdoy)	Months Doys Hours Min.		
done during	OCCUPATION (Give kind of work most of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Oiler		Seagrams	Bistillery	Mary la	and	USA		
13. FATHER	'S NAME			14. MOTHER'S MAIDEN				
	Joseph Kelley			Rose	McConnell			
(Yes, no or u	ceased Ever in U.S. Armed Forence Roman Report of the Communication of t	s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21229		
Yes	WWII		212-05-2146	Mrs. Cather:	ine E. Kelley.	758 S. Woodington		
OTHER TO THE DISEAS	DISEASE OR CONDITION DIR LEADING TO DEATH does not meen the mode of cilute, asthenia, etc. It meens or complication which caused ANTECEDENT CAUSES SES OR CONDITIONS, if of the above cause (A) RLYING CONDITION tost. II SIGNIFICANT CONDITIONS CON E DEATH BUT NOT RELATED TO THE OR CONDITION GIVEN IN PART LITE OF OPERATION 198. CONT WAS PERF	dying, e.g., the disease, death.i any, giving sloling the VIRIBUTING TE TERMINAL 1 (A).	(B)	CONSEQUENCE OF:	MI Angel Tryout Angel To No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED		
, OR CO	CCIDENT WAS UNDERLYING NITRIBUTING CAUSE OF (notify medical examiner)	elc.)	LACE OF INJURY (e.g., in form, foctory, street, offi	ce bldg., INJURY OCCU	R?	re City, give exact lacation)		
OF INJ	URY	While	AI Not While		INJURY OCCUR?			
22. 1 c	22. I certify that (I) (this haspital) attended the deceased fram. 1967 to 2/23/1974 that (I) (we) last saw the deceased alive on 2/3/197/2010 and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated abave. (I) (We) (did) (did not) view the body ofter death.							
	Ur and from the causes state	ed abave. (I)	(We) (dld) (dld nat) vi	ew the body ofter dec	oth.	222 DATE SIGNED		
-	20nm Amu	7 mg	OE GREE FIIYS	ding Med.	Shoff Phys.	23B. DATE SIGNED 2/23/7/		
		mez	OEGREE			imore, Md. 21228		
REMO	L CREMATION, 248 DATE		AE of CEMETERY OF CREA		D. LOCATION (Ci	ity, town, or county) (Stote)		
Buria 25A DATE		1 Loud	lon Park Ceme		Baltimore, Ma			
/S 150-REV	B 26 1971 Robert	E. Jabe		Howard H.		Wilkens Ave. 21229		

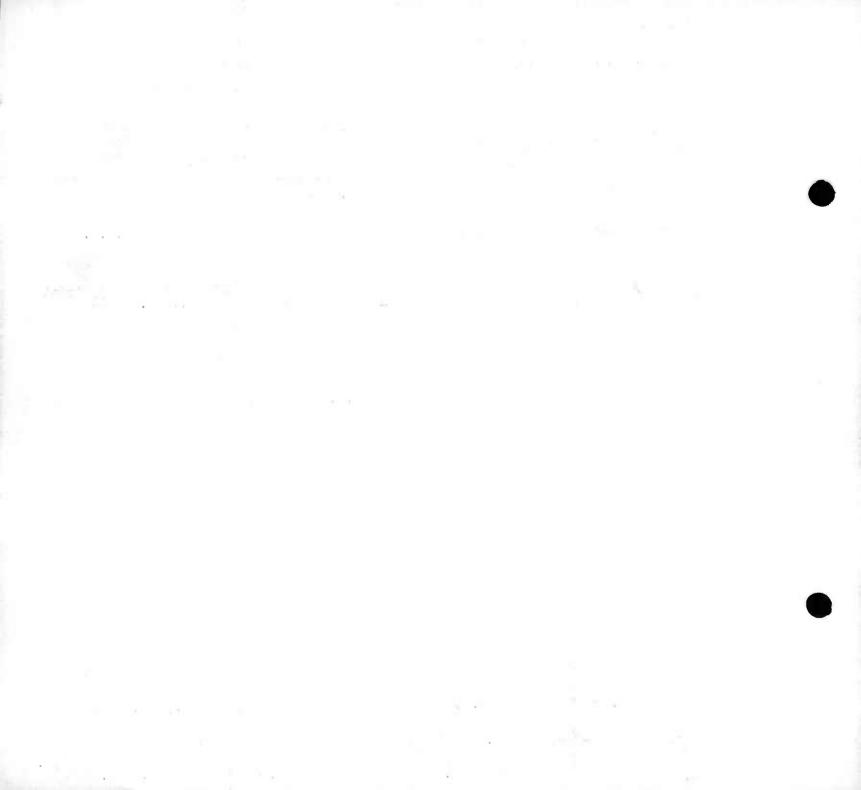


		H-1/(1) . 71 1945 BALTIMORE CITY HEALTH DEPARTMENT 71 1945
	3622	BIRTH NO. CERTIFICATE OF DEATH REG. NO.
	l and death eased n the Such	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
		HALLER, LILLIAM MARY 2/24/// 0.13 AM
	hospital ise of c (5) Dece ance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	hos Se (5) an de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MA Bultimate 2738
	se; se; to	D. INSIDE CITY EIMITS?
	E BB # 10 7	Lutheron Hosp. of Mongland E. STREET AND NUMBER
	utin ed c ar a priced	1925 Gittings TVE.
	rrib min gulo sed mac	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (Int/years lif Under 1 Yr., If Under 24 Hrs. Months! Days ! Hours! Min.
	off ont ont reg reg sas	MIDOWED DIVORCED DIVO
-		10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	or or or or or or or or or or or or or o	unemp. Md. USA.
:	nt it death direct or c; (4) Undet h was in the deconstruction	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES PROBLEMS CHA
5	dis	Augustus Roelke Susan Rickerd
4	ind ind ind af	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give wor or dates of service) No 16. SOCIAL SECURITY NO. 212-20-9016 Mrs. Margaret Collins, 1425 Gittings Ave.,
Z .	the the kin dec ince	Baltimore, Maryland
0	an)	18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ξ.	Son	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Obstructive Taundice: Since 4-5 We
_	ar ar ar ar ar ar ar ar ar ar ar ar ar a	(This does not mean the made of dying, e.g., heart latitude, astheric, etc. If means the disease,
Ä	pro pro pro pro pro pro pro pro pro pro	injury of Camplication which coused death)
0	fre fre egu	ANTECEDENT CAUSES (B) Cholelithiasis, Cholecystilis,
	X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
Ĭ.	0 C E.E 6	UNDERLYING CONDITION lost (C) Cholouge is - Hyperturion, ASCV
בי	medical burns; hysicia n was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
₹,	ENGO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Z :	Bod Bod the ysic	19A DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ここ	(2) By phy phy fore	U 21A. ACCIDENT WAS UNDERLYING 218 PLACE OF INJURY (or in or about 21 C. WHERE DID 44 In Baltimore City, give exact lacation)
	No or or or or or or or or or or or or or	S DEATH Inolity medical examined 170 - etc.
-	osp aturation (6)	21D.TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	n d d	Work At Work
	ob ob	22. I certify that (I) (this hospital) attended the deceased from 19 10 10 19
	5 5 E 3 6 9	that (1) (we) last sow the deceased office on 7 7 19 ond that In (my) (our) opinion death occurred on the date
	V71. +	ond hour and from the couses stoted abave. (i) (We) (did) (did nat) view the body ofter death.
	5 6 6 6	23 B. DATE SIGNED
	Vara area	DEGREE Phys. Director Phys. A
	nticate m y was rel (1) An acc).A. at a d prior to approval	130, ASHBURION ST. BOOK, EICH
	corritication was volved was P.O.A. an assed prices of the property of the pro	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, fown, or caunty) (State)
	D.C.	Burial Feb. 27, 71 Mount Olivet Cemetery Frederick, Maryland
	the body shows: (was D.O written	FEB 26 1977 166-16 - 1258, NAME OF REGISTRAR 4 125C. FUNERAL DIRECTOR & Son. 106 East Church St. Frederick. Md. 21701
ì	★ なるを ひまる	
		V\$ 150-REV. 1/1/68



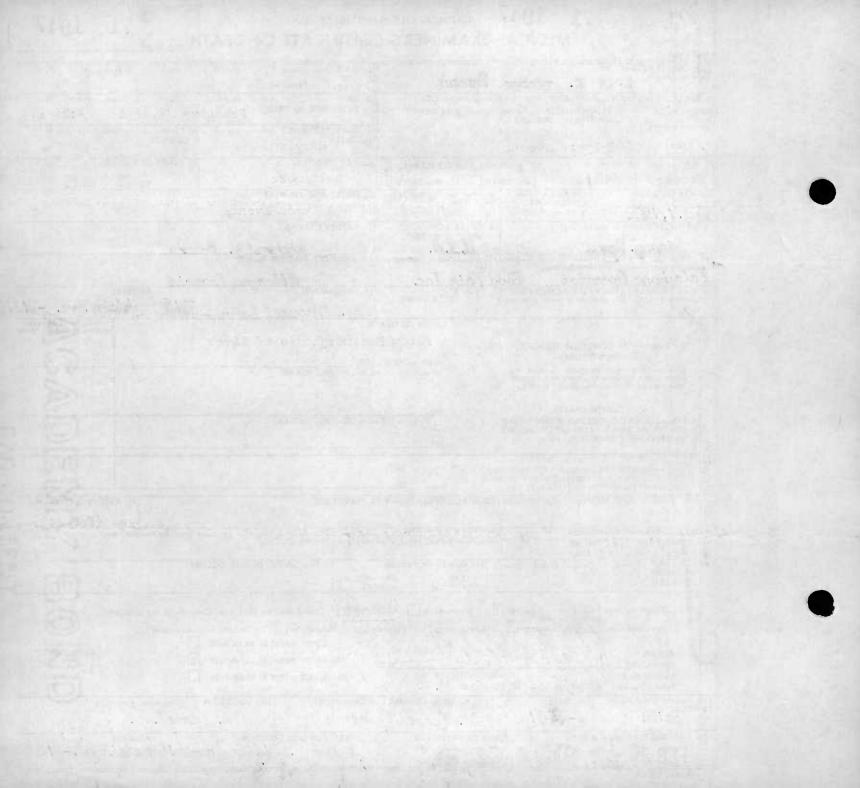
FUNERAL DIRECTOR: IMPORTANT

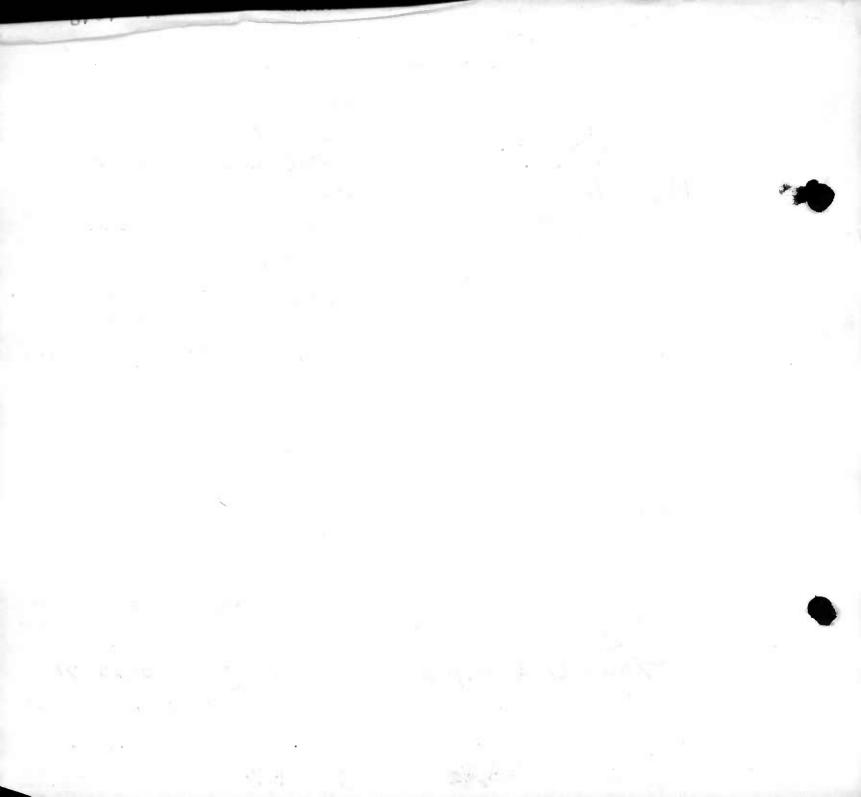
0. 21	0		BALTIMORE CIT	HEALTH DEPARTMENT		71	2010		
BIRTH NO.	71	194	G CERTIFICA	TE OF DEATH	REG. NO	17	1946		
1. NAME OF DE	CEASED	70.3	Q		AND HOUR OF DEATH	4			
Pet		slock		Febr	uary 22, 197	1 14	4:10 p.		
3. PLACE IN BA	LTIMORE MARYLAND,	WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (W.	here deceased lived. If	institution; resid	lence before admission		
FULL NAME O	F (IF NOT IN HOSPI	TAL OR INSTI	TUTION, GIVE STREET	Maryland		2	600		
INSTITUTION	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	p. IN	SIDE CITY LIMIT	TS?		
01	819 South Gru	ndv Str	eet	Baltimore 21		YES XX	ио 🗌		
	01/ 004011 014	nay our		E. STREET AND NUMBER					
- SEX	6. RACE	7. 44 4 9945 9		819 South Gr					
Male	White	7- MARRIED		Feb. 14, 1894	9. AGE (In years lost birthday)	if Under 1 Months Do	Yr. il Under 24 Hrs		
				11. BIRTHPLACE (Stole or fo	//	No Current			
one during most o	t working life, even if refired)			11. DIKITI EN CE (31016 OF I	preign country)	12. CHIZEN	OF WHAT COUNTR		
Bar 3. FATHER'S NA	Tender	T	avern	Poland		U.S	5.A.		
MINITER 3 147	NATE			14. MOTHER'S MAIDEN N	AME				
5 W D									
es, no or unknow	d Ever in U.S. Armed For	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	819 Sou	th Grund	DDRESS ly Street		
Yes	WW I		182 28 6410-	Helen Siema	sko Balto.,	Md. 212	24		
18. 4	7 7 1		CAUSE OF DEAT	H		1. A	PPROXIMATE INTERVAL		
DISEA	SE OR CONDITION DI	RECTLY				BEIL	WEEN ONSET AND DEATH		
This does	LEADING TO DEATH (A) IMMEDIATE CAUSE Ruptured aortic aneurysm (A) IMMEDIATE CAUSE Ruptured aortic aneurysm								
heart lailure	, asthenio, etc. II means	the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:					
lufnih at ca	injury or camplication which coused deoth.)								
DISTAGE	ANTECEDENT CAUSES			c G.I. Bleedi	ng	2	or 3 mont		
rise to the	OR CONDITIONS, il	ony, giving sloting the	DUE 10, OR AS	A CONSEQUENCE OF:					
UNDERLYIN	G CONDITION last.		(c)						
,	- 11								
OTHER SIGNI TO THE DEA DISEASE OR O	FICANT CONDITIONS CO TH BUT NOT RELATED TO T	NTRIBUTING HE TERMINAL							
DISEASE OR	F OPERATION 198 CON	T 1 (A).	WHICH OBSERTION	120 A	V 9 00 10 10 10 10 10 10 10 10 10 10 10 10		***************************************		
	WAS PER	FORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CO AUSES OF DEA	NSIDERED		
21A. ACCIDE	NT WAS UNDERLYING UTING CAUSE OF	1 218	PLACE OF INJURY (e.g., I	or obout 21 C. WHERE DID	Ili to Rellima	re City, give ex	and In and I am		
OR CONTRIB	UTING CAUSE OF medical examiner	hon etc.	ne, form, loctory, street, of	or obout 21 C. WHERE DID ince bidg., INJURY OCCUR?	ht in pottimo	re City, give ex	oci locotion)		
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	215 HOW 515 II					
DEATH (notify	1000		ile At Not White	21F. HOW DID IN	NJURY OCCUR?				
		Wo							
22. I certify	that (1) (this hospital) ottended t	he deceosed from	***************************************	_19to		19		
that (I) (we	lost sow the deceose	d ollve on		19ond	that In (my) (our) op	Inion deoth o	ccurred on the dot		
ond hour on	d from the couses sto	ed obove. (I) (We) (dld) (dld not) v	iew the body ofter deoth	•				
23A SIGNAT	JRE	1				23B, DATE SI	GNED		
mn	no mures	A	DEGREE Phys	nding Med.	Staff Phys.	2/22	171		
23C. PHYSICIA	N'S Typel			3D. ADDRESS	<u>·</u>				
Artem		a, Jr.	M.D.	3501 Fai+ 1	TA Balta	Ma or	122/		
REMOVAL	MATION, 248, DATE		AME of CEMETERY OF CRE	MATORY 24D.	LVe. Balto.	ity, town, or co	L224 unty) (Stote)		
Burial	2-27-71		Stanislaus C						
	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO	Shamokin, Per				
ER 26 1	OH Poles E.	Callen	CO O		0531	Loch Ra	ven Blvd.		
E4 6	Account			MILINIBINIE,	Johnson Ba	Ito. Md	21204		



	0-50		B 0-00	947		ALTIMORE CITY HE					71	1947
PI	-550 RTH NO.		WED	DICA	L EXA	AMINER'S	CERTIFI	CATE O	F DEAT	H REG. NO	€ albe	1011
1.	NAME OF DE	CEASED RUTH	E. Pl	MMAN	Pen	man	2. DATE OF DEATH	Known Estimated	Month	Doy	Yeor	Hour
4.	PLACE IN BA	LTIMORE, A	AARYLAND, V	VHERE P	RONOUN	NCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)							ESIDENCE (Who		ary 20,		7:25 P. Nebefore odmission)	
							I A CTATE	Maryland		B. COUNTY	2	7/2
6.	SEX	7. RACE		8. MAR	RIED 🔲 1	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	
I	Female	Whi	te	WIDO	WED 🗌	DIVORCED [Ва	1timore		,	res 🖄	№ П
9. 1	DATE OF BIRT	TH	10. AGE (I lost birthdo	nyeors		1 Yr. If Under 24 Hrs. Days , Hours , Min.	E. STREET	AND NUMBER				
1	lug. 1.19	22	Tost Billing	"48		Day's I mours Minns	401	Lyman Av	venue			
11.	BIRTHPLACE (1	1	ZEN OF AT COUNTRY?	13. FATHER	'S NAME				
140	JENAL OCCI	2. Penn	a klad of week	14R VINI	D OF PUS	INESS OR INDUSTR	VIS MOTUE	Richan	d. Pe	enman		
don	e during most of	working life,	even tretired)	-			13. MOINE	K S MAIDEN N	AME			
	WAS DECEAS	e Uper	ator	too	od ta		10 00000	Allan	yna Fra	incis		
(Ye	s, no or unknown	(If yes, give	wor or doles	of service	s) /.	SOCIAL SECURITY NO.	Mrs.	Aroanet	Lauren -		DDRESS arklaw	ne Ave21
	19.3-7	18				CAUSE OF DEA	TH		Ġ	U		APPROXIMATE INTERVAL
	DISEAS		DITION DIRE	СТГА		Fatty N	letamor	phosis of	Liver		DEI	WEEN ONSET AND DEAT
	(This does	LEADING '	TO DEATH e mode of dy	loo o o		(A)IMMEDIATE						
	heart failure	e, osthenio, e	tc. It meons the	discose,		DUE TO, OR	AS A CONSEQ	UENCE OF:				
1	injury or col	mpaconon w	hich coused de	om.)				- 99			2 - 15	
		NTECEDEN		CIVING		(B) DUE TO, OR	AS A CONSE	OHENCE OF				
19	RISE TO TH	E ABOVE C	TIONS, IF ANY AUSE (A) STA ITION LAST.	ING THE		502 10, 0K	AJ A CONSE	WOLNCE OF.				
O						(c)						
ERTIFICATION	TO THE DE	ATH BUT NO	II ONDITIONS CO OT RELATED TO N GIVEN IN PA	THE TERM	MINAL							
RTI						ICH OPERATION W	S PERFORM	ED			21 AUTO	OPSY? (Yes or No)
Ö	1											
¥	22A. EXTER	NAL CAUS	E WAS		22B. PLA	CE OF INJURY(e.g.,	In or obout 2	2C. WHERE DID	(If In Boltimo	re City, give ex		(Partial)
MEDIC	UNDERLYING CA	USE OF DE	ATH.		home, for	m, foctory, street, olfic	e bldg., etc.) II	NJURY OCCUR?				
2	OF INJURY	(Month)	(Doy) (Yeor) (Hou	r) 22E, ! WHILI	NJURY OCCURRED	WHILE -	2F. HOWDID I	NJURY OCC	UR?		
	(APPROX.)				m. WOR		ORK					
Н	23. 1 cert	tify that I	held an 1	nquiry [☐ In	spection [(Pa	rti动)	ond that on	this basis,	death in my	opinion	
	resul	ted from:	Natural cau	ses X	Accid	dent Sulcid		micide 🗌		ned manner		
		V	7 1	1.	1/	,)		CHIEF MEDICAL				
	SIGNAT		(west	NI	Led	1	ASSI	STANT MEDICAL	EXAMINER	x	80.0	DATE SIGNED
	EXAMIN	ER'S						CIATE MEDICAL	FXAMINER	П	2/2	21/71
	NAME (Type) R	onald N	. Ko								
24. RE	A. BURIAL CRE	MATION,	24B. DATE		24C. N	IAME of CEMETERY		RY 24D	, LOCATION	(City, tow	n, or county	(Stote)
	Burtal		2-23-1	1	Mit	. Carmel C	emetery		Mt. (Carmel.	Pa.	
25	A. DATE REC'D	BY HEALT	DEPT.	25B. N	NAME OF	REGISTRAR	25C. F	UNERAL DIREC	TOR	11.15	DDRESS	01 2:200

FEB 26
VS 151-REV. 7/1/6B





IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

NO

ADDRESS

(f Under 24 Hrs.

wife

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

12 HOURS

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ADDRESS

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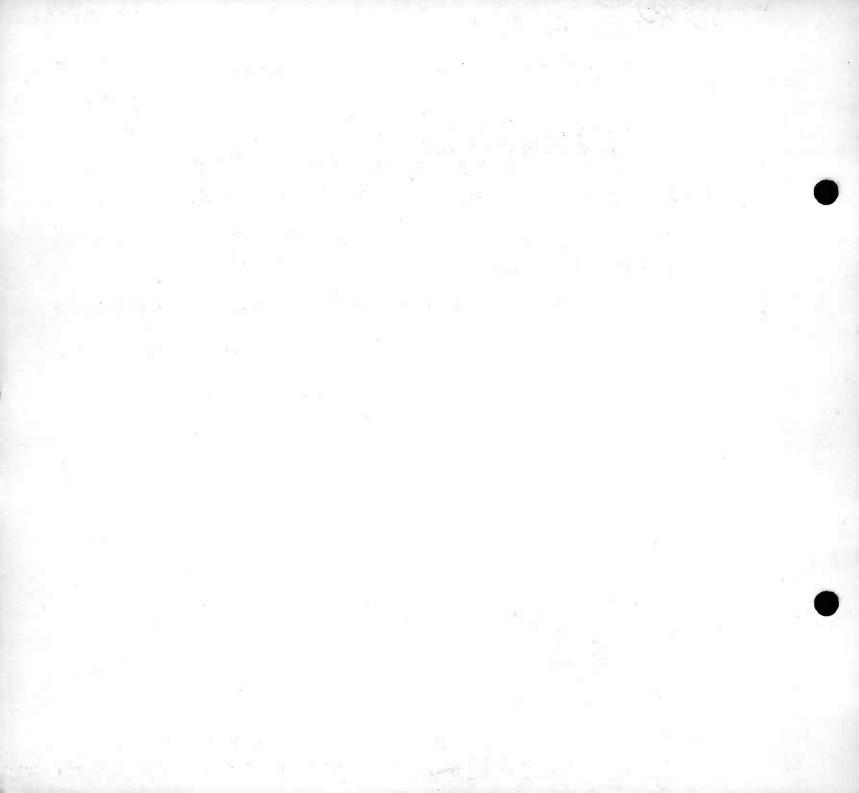
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DIRECTOR:

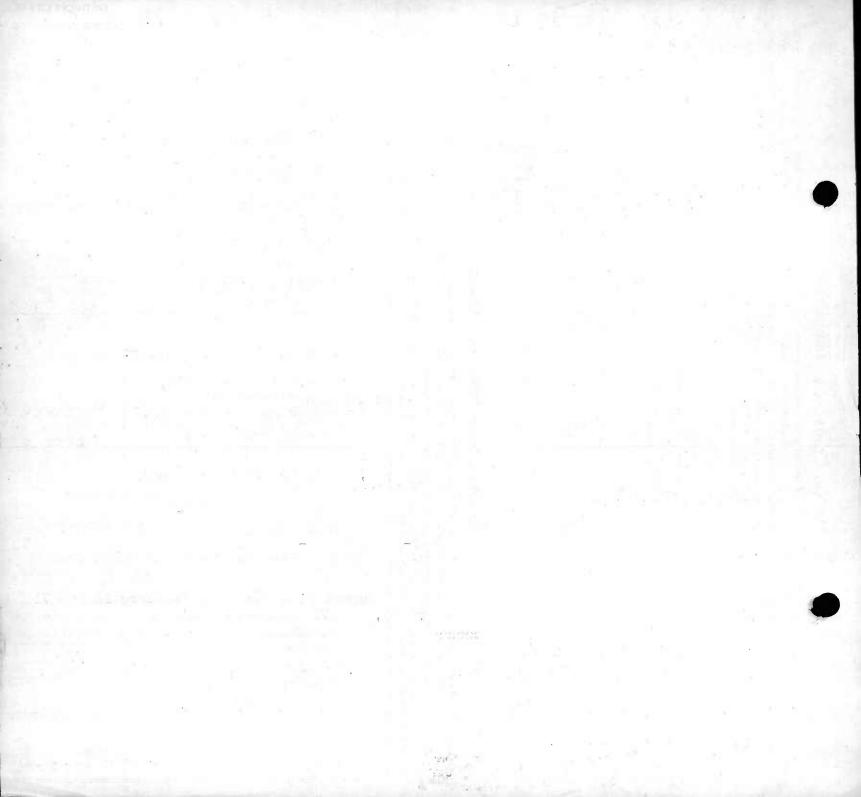
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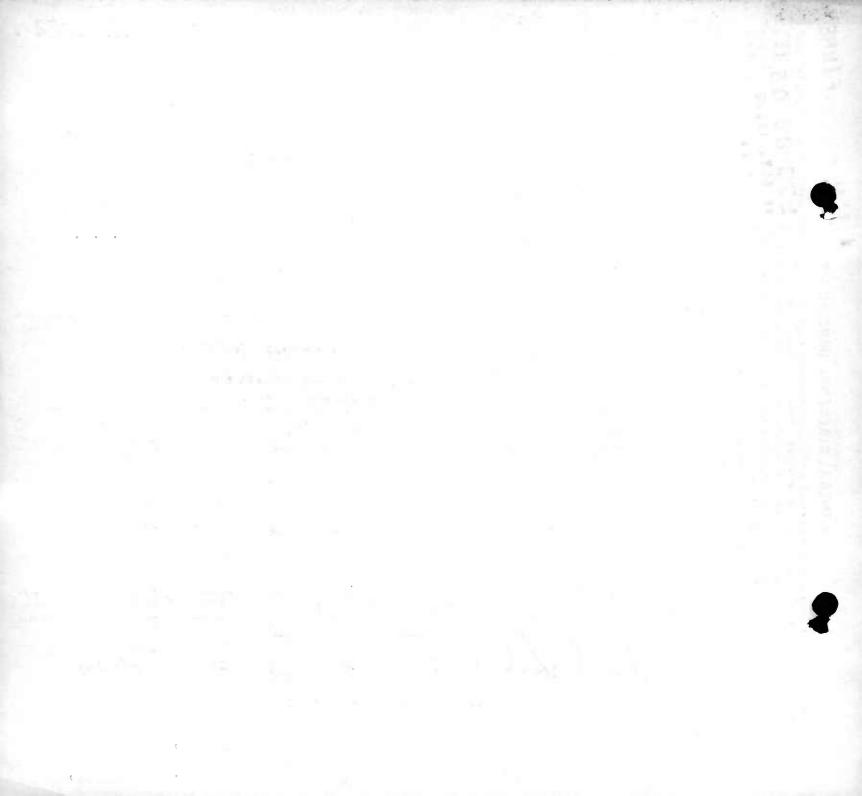
FUNERAL DIRECTOR:

- 460 BIRTH NO.	2 71 19	51	CERTIFICA			REG. NO.	71	1951
1. NAME OF DEC	CEASED				2. DATE AN	D HOUR OF DEA	TH	
(Type of Pnni)	Nannie	Kate	Clark		Februa	rv 19. 10	771	12:15 A
3. PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESI	B. COUN	e deceased lived.	If institution; resi	12:15 A
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INS	TITUTION, GIVE STREET	Mary c. city or to	land		NSIDE CITY LIM	504
00	1909 N. Ful Baltimore,			Balt E. STREET AND	imore,		YES X	NO 🗌
	•					on Avenue		
. SEX	6. RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIR		ost birthdoy)	If Under 1	Yr. If Under 24 I
	Negro UPATION (Give kind of work working life, even if retired)	WIDOW!	DIVORCED OF BUSINESS OR INDUSTRY	February	/ 15,	50 gn country)	12. CITIZE	N OF WHAT COUN
Housewi	_			Virgin:	ia		1	ISA
3. FATHER'S NA				14. MOTHER'S		A E		JON
	Jnknown			Maude (
Yes, no or unknown	Ever in U. S. Armed Ford	es? s of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	T		A	ADDRESS
			219-20-9927	Miss Ro	osa Clar	·k	600 Whit	e Lock Str
(This does in heart failure, injury or con DISEASES (rise to the UNDERLYIN)	SE OR CONDITION DIR LEADING TO DEATH not meen the mode of osthenio, etc. It meons inplication which caused ANTECEDENT CAUSES DR CONDITIONS, if of e above couse (A) G CONDITION lost. FICANT CONDITIONS CON THE BUT NOT RELATED TO THE	dying, e. the diseasedeoth.) ony, giving the stating t	(c)	rtension A CONSEQUENCE V. Drain	E OF:	scular Ac	cident	TWEEN ONSET AND DE
▼ DISEASE OR C	ONDITION GIVEN IN PART F OPERATION 198, CONI WAS PERF	I (A).	Ulcers (le	DS)	SY? (Yes or No)		RE FINDINGS C	ONSIDERED
, OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	ħ	18. PLACE OF INJURY (e.g., i ome, form, foctory, street, otc.)	n or obout 21 C. W	HERE DID Y OCCUR?	(If in Bolti	more City, give	exoct location)
21D. TIME OF INJURY	(Month) (Doy) (Yeor)	,	TE. INJURY OCCURRED While At Not While	e 🗆	OW DID INJ	JRY OCCUR?		
			Vork					
that (I) (we)	last sow the deceose	d alive or	February 16,	19_71	and the		oplnion deoth	occurred on the
23C. PHYSICIA NAME (1	ans (ype)	ns	OEGREE ""		Aed. Pirector	Shaff Phys.	123B DATE	19, 1971
Arc 4A. BURIAL CRE REMOVAL			DEGREE NAME of CEMETERY OF CRI	MATORY 92		rth Avenue	(City, town, or	county) (State
Burial		25B. NAM	Arbutus Mem. Pa	rk 25C. FUNER	AL DIRECTOR	altimore,	Marylan	d ADDRESS
/S 150-RE v. 1/17	6 197 Ole.	63	a 28 10 0			Phillips	1727 N.	Monroe Str



a hospital and

1/	2.10	PN A	4	BALTIMORE CITY	HEALTH DEPARTMENT	×	
BIRTH N			1952	CERTIFICA	TE OF DEATH	REG. NO	71 1952
1.NAME (Type or	OF DECEASI	VESELY,	Irene	M	2. DATE A	NO HOUR OF DEATH	1 12 MN
3. PLACE	E IN BALTIMO	DRE MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. If in	stitution: residence befare admission)
FULL NA HOSPITA INSTITUT	LOR	(IF NOT IN HOSPI' ADDRESS OR LOC	TAL OR INSTITE	UTION, GIVE STREET	Maryland	Baltimor	ce 5 300
22	7				Perry Hall		YES NO X
ررا	The Jol	nns Hopki	ins Hos	pital	E. STREET AND NUMBER 9937 Rich		120 100
5. SEX		ACE			6. DATE OF BIRTH	9. AGE (In years	
Fema	ale	White	WIDOWED		1/16/25	lost birthdoyl 46	If Under 1 Ys. If Under 24 Hrs. Manths Days Hours Min.
done durin	AL OCCUPAT	ION (Give kind of wor ng life, even if refired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY
Hou	SeWife				Maryland		U.S.A.
150 FAIRI		a			14. MOTHER'S MAIDEN NA		
		C. Mader			Pearl Her	rpel	
15, Was I (Yes, no or	unknown) (If y	in U. S. Armed Fores, give war or dak	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No					Mr Louis F	Vesely	Same
18.	74	XI		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		CONDITION DI			711221-2	1000	DELWEEN ONSE! AND DEATH
(This		DING TO DEATH		(A) IMMEDIATE CAU	SE ZESPIRATRIOT	IN SULT.	
heart	failure, asth	enia, elc. It means	the disease.	DUE TO, OK AS	A CONSEQUENCE OF	PRETTO	
intory		tion which caused		MICH	L'Illian Charle		ı
		CEDENT CAUSES		(B) 1V	ETHSTACK TO	15.	
DISE	to the al	ONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UND	ERLYING CO	NDITION last.	ataming into	(c) St	ZEAST (a		
_		11					
E ITO TH	HE DEATH BU	IT CONDITIONS CO T NOT RELATED TO T ITION GIVEN IN PAR	HE TERMINAL	00000000000000000000000000000000000000	*************************		
U 19A. E	ATE OF OPE	RATION 198 CON	IDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No	o) 208. IF YES, WERE F	INDINGS CONSIDERED
12	/	WAS PER	FORMED		Yes	IN CERTIFYING CAU	ISES OF DEATH?
. OR C	A CCIDENT WONTRIBUTING H (notify medi	AS UNDERLYING CAUSE OF	218. hometc.)	e, form, factory, street, of	or obout 21C. WHERE DID	(If In Baltimore	City, give exact lacotion)
Q 21D.T		nth) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	IURY OCCUR?	
E OF IN			While	le At C Not While			
			Wor		4/,	7/	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1				e deceased from		19 (ta	165 19 //
that (()) (we) lost	saw the decease	ed allve on	2/23	19/2 / and th	nat In (my) (eur) apin	ion death accurred on the dote
		n the causes stat	ted above. (1)) (We) (dld) (did not) vi	lew the bady after death.		
23A. S	IGNATURE	- /	41				23 B. DATE SIGNED
	\wedge	land o	Lecher	M DEGREE Phys	ding Med.	Shaff Phys.	2(23/7)
23C. P	HYSICIAN'S	<i>V</i>		DECKEE	3D. ADDRESS		
ı "	CHAIR (4) he)	David	Lerber	M.D.	The Johns Ho	opkins Hose	oital
24A. BURI	AL CREMATI OVAL (Specif			ME of CEMETERY OF CRE			(, town, or county) (State)
_							
	rial	2/27/		arkwood	B		Maryland
FEB :	26 1971	Cobe &	Talkey !	A COUTRAIN	Leoner J	•	Baltimore, Md
VS 150-RE	V. 1/1/68						



BIR		100.4		BALTIMORE CITY	HEALTH DEPARTMEN	0 7 0	174 4050
BIR)-240	71	1953	CERTIFICA	TE OF DEATI	REG. NO	71 1953
1 2 2	TH NO.					Language of the second	
	AME OF DECE		n-0	3	2. DAT	E AND HOUR OF DEATH	
		Pearl Basic				2-24-71	3:15 AM.
		IMORE MARYLAND, W				OUNTY Baltimor	nstitution; residence before admission)
FU HC	LL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPIT	ATION)	UTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
Het	A M				Balto		YES NO X
1_	5/	Mercy Hosp	ital		E. STREET AND NUMB	ER	
	/		LUAI		1824 Edicin	woodxxxx Ellin	wood Road
5. 5	SEX	6. RACE	7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Days Haurs Min.
i.	F	W	WIDOWED		2-20-99	72	
		PATION (Give kind of working life, even if retired)	LIOB KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY
gon	Housewi	The second secon			Marylar	nd	USA
13.	FATHER'S NAM	38			14. MOTHER'S MAIDEN		
		Oscar Barto	on		Catherine x	beincomx Le	imkuhler
15.	Was Deceased	Ever in U. S. Anned For (If yes, give war or date	rees?	1 & SOCIAL	17. (NFORMANT		ADDRESS
(16	No.	ur yes, give war or adi	DS OF BEIVICE	215-42-9211	Mr. George	DeGele	(Same)
	18. 44 3	1.0		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DE			1. F.	1- 1	0
		LEADING TO DEATH		(A)IMMEDIATE CAL	ISE acule in	he cerelina	1
		ot mean the mode of esthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or com	plication which caused	(.dtoob	flin	erchage -	-	
	A	INTECEDENT CAUSES	5	in thestor	is or hune	rleusieri	
	DISEASES O	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***********************	
		above cause (A) CONDITION last.	stoling the		/ •		
	ONDEKLING	CONDITION 1851		(c)			
z		II	ALITOIDIUTIALO				1
일	TO THE DEAT	CANT CONDITIONS CO H BUT NOT RELATED TO 1	THE TERMINAL				
S	DISEASE OR CO	OPERATION 198 CON	RT 1 (A).	WHICH OPERATION	120A. AUTOPSY2 (Yes	or No.) 208. (F YES. WER	FINDINGS CONSIDERED
CERTIFICATION	2	WAS PER	PORMED	William Orthodion	YES	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
1 8	21A. ACCIDEN	T WAS UNDERLYING	211	PLACE OF INJURY (e.g., ine, farm, factory, street, o	n of obout 21C. WHERE D	ID (If In Baltime	ore City, give exact location)
~		TING CAUSE OF medical examined	etc)	nice biogy trades occo	16.6	
	A100						
SE	21D. TIME	(Month) (Day) (Year)	(Hous) 216	INJURY OCCURRED	21F. HOW DO	(NJURY OCCUR?	
	OF INJURY	(Month) (Day) (Year)	w			(NJURY OCCUR?	
EDICAL	OF INJURY (APPROXI		W	nile At Not While ork At Work	• 🗆		12(1)
EDICAL	OF INJURY (APPROXI 22. I certify	that (1) (this hospita	Wi Wo	nile At At Work At Work the deceased from	· []		124/ 197/
EDICAL	(APPROXI 22. I certify that (I) (we)	that (1) (this hospita	wi wo all) attended to ed alive on	nile At Not While At Work	°□ 2 ≥	19 7/to	7
EDICAL	(APPROXI 22. I certify that (I) (we)	that (1) (this hospita	wi wo all) attended to ed alive on	nile At At Work At Work the deceased from	°□ 2 ≥	19 7/to	Sinion death occurred on the date
EDICAL	(APPROXI 22. I certify that (I) (we)	that (1) (this hospita last saw the deceas	wi wo all) attended to ed alive on	the deceased from	2 Z Z J or J or J or J or J or J or J or	19 7/to	7
EDICAL	(APPROXI 22. I certify that (I) (we) and hour and	that (1) (this hospita last saw the deceas	wi wo all) attended to ed alive on	the deceased from	7 7 or rew the body after de	19 7/to	Sinion death occurred on the date
EDICAL	OF INJURY (APPROX.) 22. I certify that (i) (we) and hour and 23A. SIGNATU	that (1) (this hospita last saw the deceas I from the couses sta RE	wi wo all) attended to ed alive on	The deceased from	7 7 or rew the body after de	19 7 to 2 and that in (my) (our) of ath.	Sinion death occurred on the date
EDICAL	(APPROXI 22. I certify that (I) (we) and hour and	that (1) (this hospita last saw the deceas I from the couses sta RE	wi wo all) attended to ed alive on	The deceased from Degree Ath	72 Z J or 19 7 or or lew the body after de	19 7 to 2 and that in (my) (our) of ath.	Sinion death occurred on the date
MEDICAL	of INJURY (APPROXI 22. I certify that (I) (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T)	that (1) (this hospital last saw the decease of from the couses started to the couse started to the couses started to the couses started to the couses started to the couse started to the couses started to the couse started t	will attended the alive on the alive on the alive of the	The deceased from	19 7 or or or or or or or or or or or or or	19 7 to 2 and that In(my) (our) of athe	238, DATE SIGNED 238, DATE SIGNED City, town, or county) (State)
MEDICAL	OF INJURY (APPROX.) 22. I certify that (i) (we) and hour and 23A. SIGNATU	that (1) (this hospitaliast saw the decease from the couses stored in the couse stored in the cou	will) attended to ded alive on ated/above. (The deceased from DEGREE AME of CEMETERY or CR	19 7 or 10 0r 10	19 7 to 2 and that In(my) (our) of athe	238, DATE SIGNED 238, DATE SIGNED City, town, or county) (State)
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WEDICAL	22. I certify that (I) (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T) REMOVAL (S Burial	that (1) (this hospital last saw the decease from the couses stored from the couse stored from the couse	will attended to ded alive on Attended	Not While At Work At Work the deceased from	19 7 or 19	19 7/to 2 ad that In(my) (our) of ath. Stoff Phys. D. LOCATION (CORNEL DESCRIPTION CORNEL DESCRIPTION COR	238, DATE SIGNED 238, DATE SIGNED 27 C(/) City, town, or county) (State) re, md.



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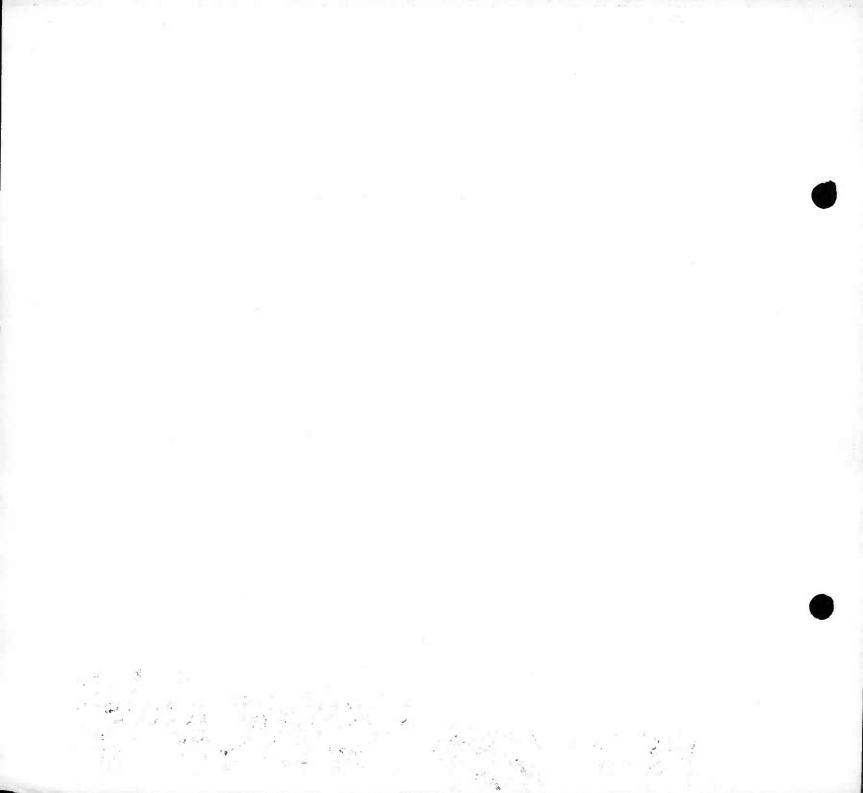
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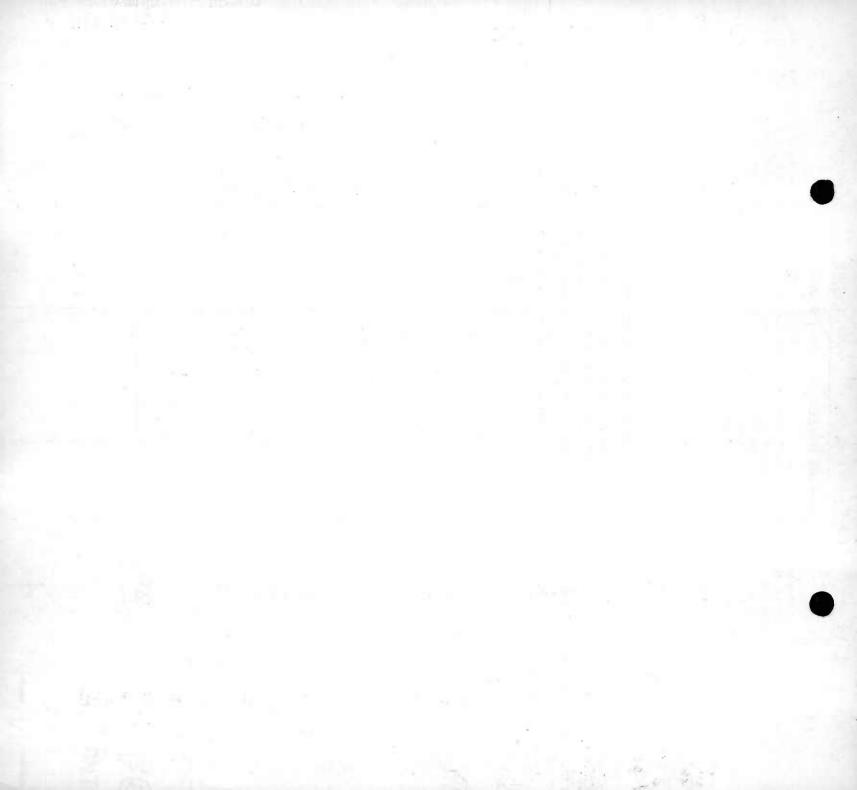
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FUNERAL DIRECTOR:

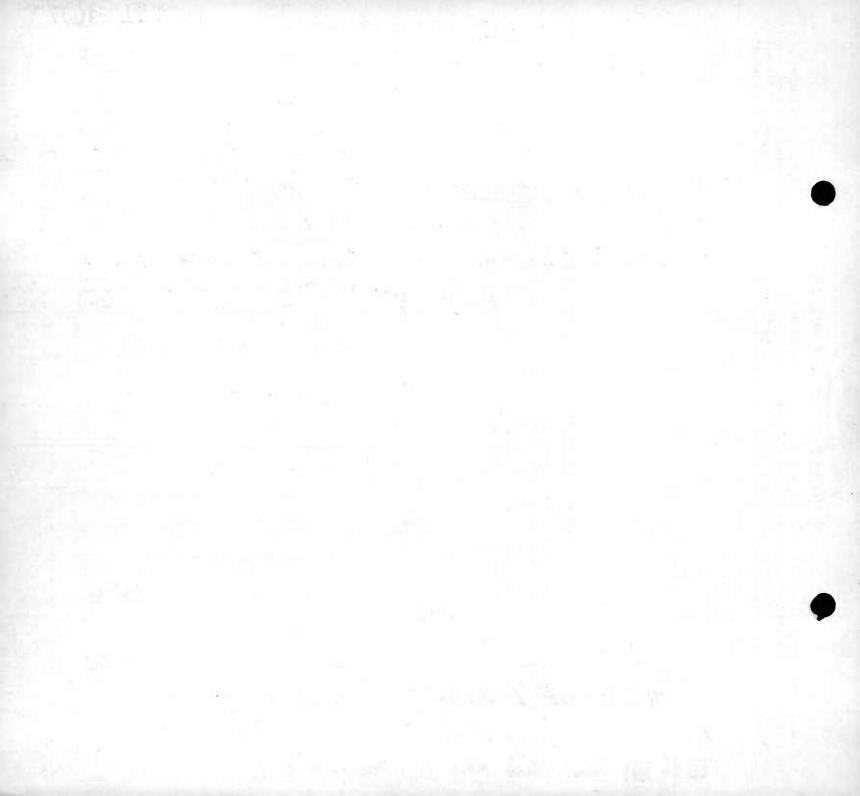
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)	BALLIMORE CITY HEALTH DEPARTMENT	74 4
TOOL BII	250 CERTIFICATE OF DEATH	1956
1.1	NAME OF DECEASED Decherne, Lester 2. Date and Hour of Death 2/18/71	16'00 p
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If in A, STATE B, COUNTY	M.
de de	OSPITAL OR ADDRESS OR LOCATION) STITUTION OF C. CITY OR TOWN D. INS	IDE CITY LIMITS?
4	Merror Merrorial Hospital E. STREET AND NUMBER NOVIL	YES NO
	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years lost birthday) 6. WIDOWED DIVORCED 02 - 22-0)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) ne during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS
1	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH LEADING TO DEATH CAUSE OF DEATH A Y Lev. 3 - Sclerot: C Carl: O UAS CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES	day
ains are e	DISEASES OR CONDITIONS, if any, giving rise la like above cause (A) stating the (S.) (Overly - Vacculey Accident	
MOITA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CERTIEIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?
I V	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., NJURY OCCUR?	re City, give exact lacotion)
MEDI	21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work 21 Work 21 Work 21 Work 21 Work 22 While At Work 22 While At Work 23 Work 24 Work 25 Work 25 Work 25 Work 26 Work 26 Work 26 Work 26 Work 27 Work	,
WEDI	22. I certify that (1) (this haspital) attended the deceased from 2 19 1 ta 2	168 1971
		inion death occurred on the date
	ond hour and from the causes stated above. (1) (did) (did not) view the body ofter death. 23A. SIGNATURE	23B, DAŢE SIGNED
	Attending Med. Shaff Phys. Director Phys.	2/18/71
	NAME (Type) H. Earl Cotman, M.D. DEGREE TO GO TO MANA	RYLAND-
24	A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY of CEMETERY OF CEMETERY O	SCHOOL (Stote)
25	A. DATE REC'D BY PREACH DEPT. 258. NAME OF REGISTRAR UNEXAL DIRECTOR	223000000
1	FEB 26 MM CAGAS, SAME DO O MARYDARYS SERVICE	BCMUDRESS
V	3 150-REV. 1/1/6B	



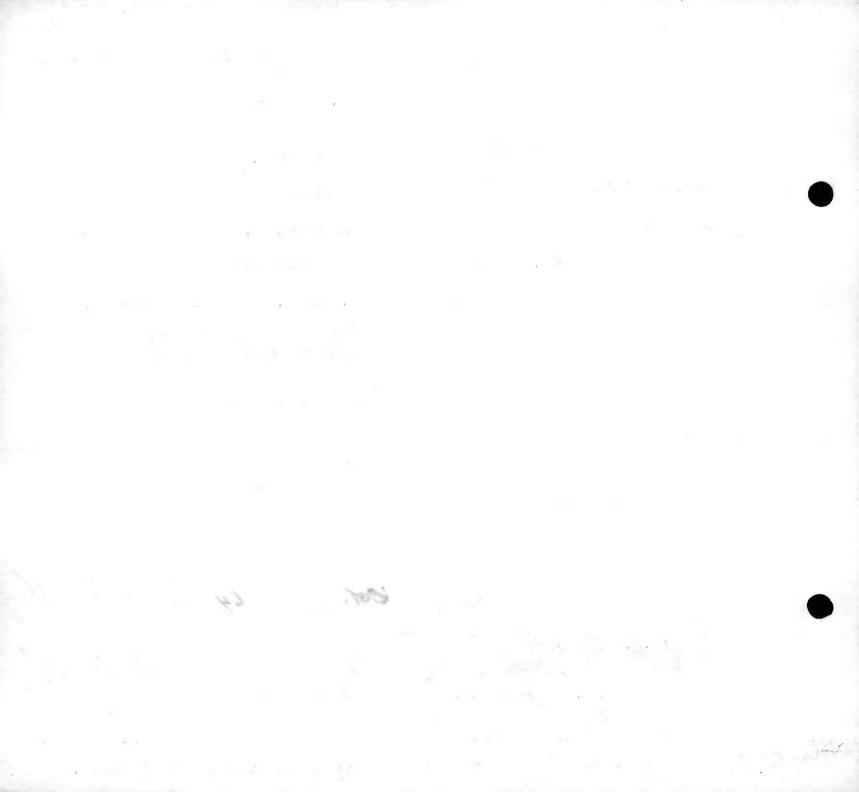
BALTIMORE CITY HEALTH DEPARTMENT



55	30 1	BALTIMORE CITY HEALTH DEPARTMENT
	sed the the	BIRTH NO. 71 1958 CERTIFICATE OF DEATH REG. NO. 71 1958
	S	1. NAME OF DECEASED (Type or Print) Harry F. Smith 2. DATE AND HOUR OF DEATH FEB 26 1971 505
of of Dec		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institutions residence before administration)
	hos use dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) A. STATE B. COUNTY Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
	d in a ng cau cause; attend ior to	Gould Convalesarium Baltimore YES NO
1000	ed ar	5. SEX 6. RACE 17. MARRIED TO MINISTER MARRIED TO 8 DATE OF SIETH
	ontribu ontribu ermine regula eased is mad	MARKIED NEVER MARRIED S. DATE OF SIKIH WIDOWED DIVORCED DIVORCED OF SIKIH 9. AGE (in years lift Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	or c ndet s in dec	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Ret'd. Inspector Balto.Gas& Elec.O. Baltimore, Md. U.S.A.
E	rect (4) U (4) U way the the ispos	13. FATHER'S NAME Francis Smith 14. MOTHER'S MAIDEN NAME Mary M. Goetzinger
IMPORTANT	istant he dir kind; death ce on nal di	15. Wos Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yos, give wor or doles of service) NO 16. SOCIAL SECURITY NO. 212-05-7451 Mr. Bernard R. Smith Same
S	d dy	NO 212-05-7451 Mr. Bernard R. Smith Same [18, 4] CAUSE OF DEATH APPROXIMATE INTERVAL
MP	so, of of or or or or or or or or or of of of of of of of of of of of of of	DISEASE OR CONDITION DIRECTLY
	ar bal	(A) IMMEDIATE CAUSE ARTERIOSCIEROTIC (This does not meen the mode of dying, e.g., heart failure, asthenia, etc., II means the disease, injury at camplication which caused death,) (A) IMMEDIATE CAUSE ARTERIOSCIEROTIC DUE TO, OR AS A CONSEQUENCE OF: HEART DISEASE
CTO	examine () A fract who p who p regulareem	ANTECEDENT CAUSES
DIRECTOR:	an an an an an an an an an an an an an a	DISEASES OR CONDITIONS, if any, giving ise to the abave cause (A) stoling the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF:
	medical medical dy burns; physicia cian was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FUNERAL	Chief Call Body the the ysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
I .	by the pital by re; (2) where No ph	OR CONTRIBUTING CAUSE OF hame, form, foctory, street, affice bldg. INJURY OCCUR?
	oved by tenderships to hospital representations and (6) Note that the tenderships to hospital representations of the hospital representations of the hospital representations of the hospital representations of the hospital representations of the hospital representations of the hospital representations of th	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work
	the same	22. I certify that (I) (this hospital) attended the deceased from 12/6 19 67 to 3/26 19 7/
		that (1) (we) lost saw the deceased office on 2/24 19 71 and that in(my) (our) opinion death occurred an the date
	t be o sed to ant of spital (eath)	and hour and from the causes stated above. (I) (We) (did) (did not) view the bady after death.
	mus elea ccide ccide to d to d	Robert & May M. D. Attending D. Med. Director Phys. Director Phys. 2/26/7/
	certificate sody was r rs: (1) An a D.O.A. at a ased prior	23C. PHYSICIAN'S NAME (Type) Dr. Robert E. May DEGREE 23D. ADDRESS 5662 The Alameda
		REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
		Burial 3-1-1971 Parkwood Cemetery Parkville, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS
1	This the show was dece	FEB 26 1971 Pare E. Jacke, 20 0 255. FUNERAL DIRECTOR SONS CO. ADDRESS 4505 FOR Road Balto., Md. 21212
		VS 150-REV. 1/1/68



VS 150-REV. 1/1/68



1/5/	BALTIMORE	CITY HEALTH DEPARTMENT
DEDOE	BIRTH NO. CERTIFIC	CATE OF DEATH REG. NO. 71 1980
an ase th th	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
- a a	(Type or Print) GLADYS DAHL MFR	19 7EB 71 17:55 A.
hospituse of (5) Decance	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
hospi se o (5) D ance	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. Balton 5300
cau se; end	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	PSINAI HOSPITAL	BALTO 1 YES NO
ed in ting d cau	SINAI HOSPITAL	4615 PARK HEIGHTS AVE
2000	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
occurre ontribut ermined regular	6. RACE OF SEX OF SEX OF SEX OF MARRIED NEVER MARRIED WIDOWED DIVORCED	Monthsi Dovs Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND, OF BUSINESS OF INDUS	
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as C ge	RETIRED CLERK AUSTINS DRUG	ENGLAND USZ
_ = 9€ ≥ ±	? VERNON-BROWN	
		?
Sta sta	(Yes, no or unknown) (If yes, give wor at doles of service) CECURITY NO	17. INFORMANT ADDRESS
DR the the the the the the the the the the		193 RUTH BENSON-NIECE; 712 MURDOCK RD
MPORTA r his assista lso, if the of any kinc unced dea	CAUSE OF DE	
A so the		PNEUMONIA CAUSE AUGUST AND DEATH 2 WEBKS
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R: ctu ctu	injury or complication which caused death.)	
CTOR camine amine A fract vho pr	ANTECEDENT CAUSES CHRON	VIC CASTRUCTIVE LUNG DISEASE YEARS
S S S A S S	DISEASES OR CONDITIONS, if any, giving DUE TO, OR	AS A CONSEQUENCE OF:
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	11	And have
medical medical burns; ohysician an was	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ASCUT	DIABETES, RHEUMATOD, YEARS
S TEY TE	DISEASE OR CONDITION GIVEN IN PART) (A).	
chief roy a m Body l the pl	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART.) (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 2) A. ACCIDENT WAS LINDERLYING 1 21B PLACE OF INJURY (A)	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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+ B + C + C + C + C + C + C + C + C + C	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	affice bldg., INJURY OCCUR?
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ppr any any	22. I certify that W (this haspital) attended the deceased from that (I) (we) last saw the deceased alive on 18 FEB.	19 7/ to 19 FEB 19 7/
	•	and individual of the date
- 5 - 5	and hour and fram the causes stated above. (1) (We) (did) (did not	
mus elea :cide	F 0 +1 +1 +1	Attending Med. Swiff rts 1977
	DEGREE	Attending Med. Stoff Phys. 19FEB 7
at at	23C. PHYSICIAN'S NAME (Type) ARTHUR M. WAGNER M.D.	SINAI HOSPITAL
certificat sody was vs. (1) An D.O.A. at	M 24A. BURIAL CREMATION, 24B. DATE 24C NAME OF CEMPTERY OF	REE CONTRACTOR OF THE PROPERTY
cert body 7s: (1 asec		tonys to the of compy (Sible)
This ce the books shows: was D.	BURIAL 2/22/71 LOUDON 1 25A. DATE RECOMMENDE RECOMMENDO	
This cer the bod shows: was D.C decease	FEB 26 WM Jabus E. Talbus T.	25C FUNERAL DIRECTOR VIEDEFELD HOME 6500 YOR
10	VS 150-REV, 1/1/68	Bo

7/2 Murdock Rd. 2/2/2. Adm. 11/14/69

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NO

-	240	BALTIMORE CITY HEALTH DEPARTMENT
	che the	BIRTH NO. 71 1961 CERTIFICATE OF DEATH REG. NO. 71 1961
	deat deat ease n th Suc	1. NAME OF DECEASED MRS. ANNA FARLEY 2. DATE AND HOUR OF DEATH
	ospitale of (5) Deconce of eath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institutions residence before admission)
	a hospit cause of se; (5) De indance to death	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
	5 5 4 5	BALTIMORE YES X NO
	ring d ca r at priore	E. STREET AND NUMBER
	F 3 0 B D	4017 LOCH RAVEN BLVD. 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years
	occur ontrib ermin regul	FEMALE WHITE WIDOWED DIVORCED JULY 14, 1855-85
	or c Indet s in dec	HOMEMAKER —— BALTO. CO. USA
<u> </u>	direct direct f, (4) U th wa on the dispos	13. FATHER'S NAME JOS. STROH UNKNOWN
AN	E 0 # 0 _	15. Was Deceased Ever in U. SArmed Forces? (Yes, no or unknown) (If yes, give wor ar doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
R	ssiste the the dec	NO - 217-07-7599 Mrs. Ann Sullivan 4017 Loch Ravi
IMPORT	or his a: Also, if re of any nounced attenda Imed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) MADDIATE CAUSE (A) MADDIAT
DR: iner ner. actur pror	5 . DO L D	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Coronary occlusion Sudden
DIREC	exa (3) A (3) A nu in r	DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C) (C) (C) (B) (B) (B) (C) (C
AL	medic medic y burn physican w ian w e rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 204. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UNER	Sod Sod	198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 2004. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FU	tal by er (2) E here t No phy before	OR CONTRIBUTING CAUSE OF home, form, fociory, street, office bidgs, INJURY OCCUR?
	hospi nature cept w id (6) r	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR?
	any the control of th	22. I certify that (I) (this haspital) attended the deceased from
	_ U	that (1) (See) last saw the deceased alive an 19 19 and that In(my) (see) apinion death accurred on the date
	leased to ident of hospital of death)	and haur and from the causes stated abave. (1) (Wg) (did) (did not) view the bady after death.
	F 6 0 7 + 8	Med. Staff Director Phys. Director 2-17-71
	was r was r A. at a prior	NAME (Type) DR. ALFRED G. COSSMAN, JR. 1/01 St Paul St Baltundic 2 MIN
	Sod D.O D.O asse	24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 24B. DATE 24C.NAME of CEMETERY of CREMATORY BURIAL 24D. LOCATION (City, town, or county) (Stote) BURIAL CEM. BALTO
	This certhe boc shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RIGISTRAR 25C. FUNERAL DIRECTOR MITCHELL-WIEDEFELD 6500 NORK RD.
		VS 150-REV. 1/1/68

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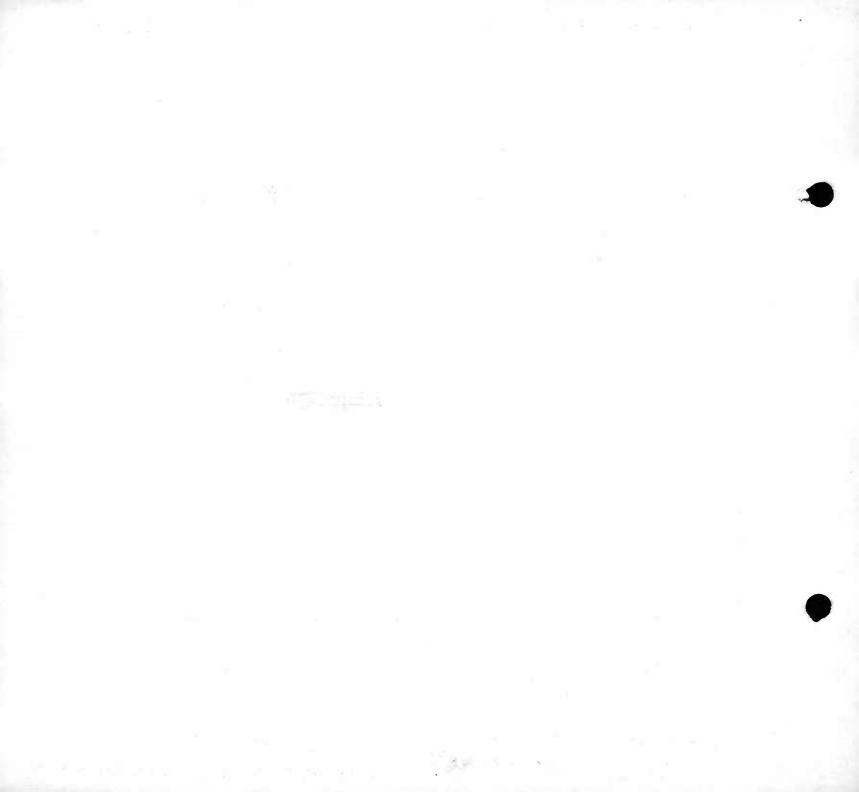
					BALTIMORE CITY	HEALTH DEPA	ARTMENT	~	101.4	400	0
	H NO.	1963	3		CERTIFICA				NO. /1	195	3
	ME OF DECI	ASED TO	hN	D.	Hauill	A	2	- 2 /	-71	1 10	1:30 A
	LACE IN BALT				DUNCED DEAD	A. STATE Md.	Balt	re deceased li	ved. II insti	tutiant residence	before admission
HOS	PITAL OR	ADDRESS	OR LOCA	TONI	TUTION, GIVE STREET	c, city or to Rodgers				CITY LIMITS?	10 A
/	Mer	RCY	He	OSPI	TAL	E. STREET AN	D NUMBER Sester A	ve	,		
5. SE	X	6. RACE		7. MARRIED	NEVER MARRIED	8. DATE OF BI	RTH	9. AGE (In y	pors	If Under 1 Yr.	If Under 24 Hr Hours Min.
	lle	White		WIDOWED		9/21/18		last birthdayl		Nonths Days 1	
done	during most of w				oduce	Italy	7			USA	
13. F.	ATHER'S NAM		hony	Aquila		14. MOTHER'S	MAIDEN NA	ME Angela	Jeppi		
(Yos,	/es Deceased no of unknown) WI YES	Ever in U. S. (If yes, give to WWI	Armed Fore	s of service)	16. social security No. 21522 7804	Mrs. Ang		ylor 80	9 Sout	ADDRE hwick Rd.	
		E OR CONDI		ECTLY	CAUSE OF DEAT	faul	~e				CONSET AND DEA
F 13	(This does no heart failure, a injury or com	ot mean the asthenia, etc.	mode of	the disease	(A) MMEDIATE CAI	A CONSEQUENC	E OF:			2	
	A	NTECEDENT	CAUSES		a	- 150	-deder	, 0		>0	years.
	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the UNDERLYING CONDITION last. (C)					A CONSEQUEN	CE OF:				<u>/</u>
اإخا	OTHER SIGNIFI TO THE DEATI DISEASE OR CO	I BUT NOT REI	ATED TO TH	IE TERMINAL	B						
CERTIFIC.	PA-DATE OF	OPERATION	198 CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTO	SYR (Yes or N	IN CERTIF	S WERE FIN	IDINGS CONSIDES OF DEATH?	ERED
	21A. ACCIDEN DR CONTRIBU DEATH (notify	TWAS UND	ERLYING E	21 ho	B. PLACE OF INJURY le.g., me, farm, factory, street, c	n of about 21C. \ ffice bidg., INJUI	WHERE DID	(18 1	n Baltimore	City, give exact is	ication)
	21 D. TIME OF INJURY IAPPROXJ	(Month) (Do	у) (Yead	w	E INJURY OCCURRED Thile At At Work At Work	21F. HOW DID INJURY OCCUR?					
	22. I certify	that (I) (this	hospital) attended	the deceased from	21515	1 1	19ta	- 4	211	19
	that (I) (we)								our) opini	on death accu	rred on the de
11 L	23A. SIGN AT U		· Nos stat	am	Dh	anding 🗀	Med.	Stoff Phys.	2	238, DATE SIGNE	D
	23C. PHYSICIA NAME (T					23D. ADDRESS					
24A	BURIAL CRE	pecily)	DATE		NAME of CEMETERY OF CR			LOCATION		town, or county	ACT OF THE PARTY OF
	Burial		2/24/7		w Cathedral Ce			derick	Kd. Ba		Md.
25A.	FEB	26 197		25B. NAME	Taba MD.		ell Wie		Home 6	500 Work	Rd.
VS	150-REV. 1/1/					•					

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approved must be obtained before the remains are embanded or final disposition; and This certificate must be approved by the chief medical examiner or his assistant if death decurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

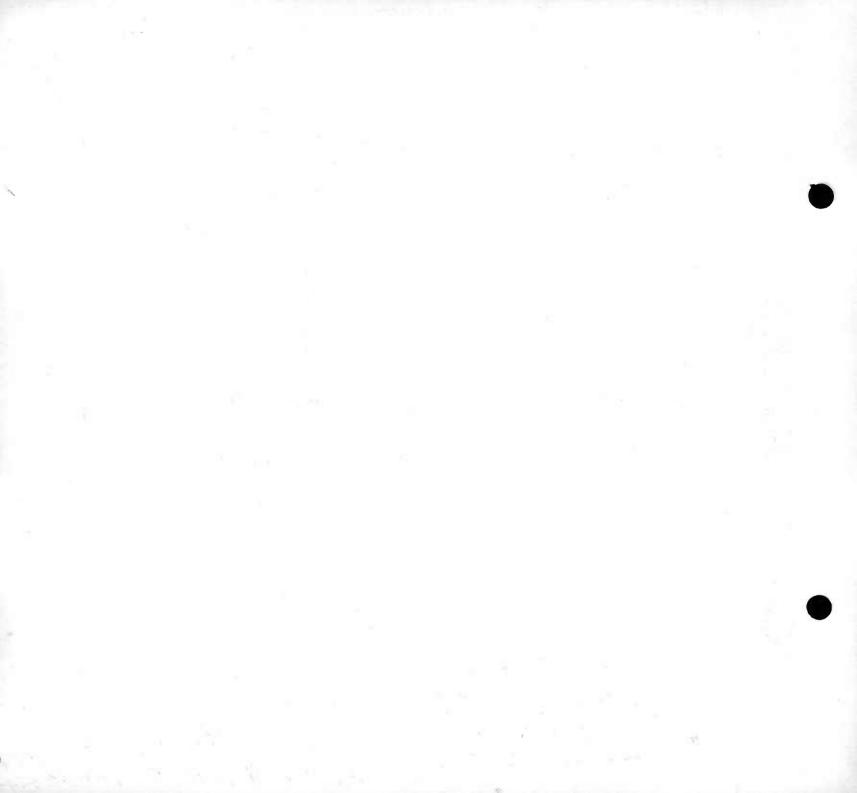
	///=2/// /1 1064		HEALTH DEPARTMEN		71 1084
11.	IRTH NO.	EKTIFICA	TE OF DEAT	П	1303
	Type or Print MAMIE WHITE			1 AND HOUR OF DEATH	730 am
	L PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE	(Where deceased lived, If in	stitution; residence before admission
	FULL NAME OF ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, OR ADDRESS OR LOCATION)	GIVE STREET	c. CITY OR TOWN	yland 10, INSI	DE CITY LIMITS?
- 4	12 66 101		100	luore	YES NO
	SINAL HOSPITAL		E. STREET AND NUMB	Cottage	Ave
500	6. RACE X / 7. MARRIED NEVI	ER MARRIED	B. DATE OF BIRTH	9. AGE (In yet)s	If Under 1 Yr. If Under 24 Hrs. Manths! Days Haurs Min.
	DA. USUAL OCCUPATION (Give kind of wark 108, KIND OF BUSINE	DIVORCED	5-5-9:	7 76	
tinal disposition	one during most of working life, even it refired)			0	12. CITIZEN OF WHAT COUNTRY?
- I	Howomanon Afflome		BAMBRE	_	454
od.	Honny SOUTHERS	ľ	4. MOTHER'S MAIDEN		
B 1	W. D.	101		HOPKINS	
B (es, no at unknown! (It yes, give war or dates of service) SEC	URITY NO.	7- INFORMANT	essron 498	ADDRESS ADDRESS
	118.		JALTOR W	636701 FM	goment Au
0	DISEASE OR CONDITION DIRECTLY	USE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
9			E CARDIA C	ADDON	No. 0
E	(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:	ARRYTHY	nie
	injury or complication which caused death.)	DIG 1	TALIS 1	STOXIC ATTOM	
5	ANTECEDENT CAUSES	8)		410/10/11/11/19	V
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the	DUE TO, OR AS A	CONSEQUENCE OF:	*****************************	********************************
n	UNDERLYING CONDITION Iost.) ASC	UD.	*****	
	. II				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	CHISON	IC LUNG	DISEASE	
D C	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH O	PERATION	20A. AUTOPSY? (Yes		INDINGS CONSIDERED
	WAS PERFORMED			IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
	CONTRIBUTE OF THE PROPERTY OF	F INJURY (e.g., in	or about 21 C. WHERE DI	D (If to Boltimare	City, give exact locotion)
200	DEATH (natity medical examine) etc.)			Pa-	
2 2	21D.TIME (Month) (Day) (Year) (Haur) 21E INJURY			INJURY OCCUR?	
, "	(APPROX.) While At Wark	Not While At Wark			
5	22. I certify that (4) (this hospital) attended the decea	sed from 2	-20	19 71_to2	- 24 19 71
	that (1) (was) lost sow the deceased olive on	-24	19 7/ an	d that In(my) (-) opin	Ion death occurred on the date
0	and hour and from the causes stated above. (1) (We) (d	lid) (lidan) -vie			
	23A. SIGNATURE				23B DATE SIGNED
5	Kalph Goslen n	1 Degree Phys.	Director L	Shaff Nhys.	2-24-71
2	23C. PHYSICIAN'S NAME (Type)	23	D. ADDRESS		
24	A. BURIAL CREMATION, 248, DATE 24C, NAME of C	DEGREE			
- "	AEMOVAL (Specify)	EMETERY of CREM		^	, town, ar county) (State)
3		AUBUN		SALTO MY	
1	FFR 26 1079 (Labout & Salbert RE)	ARO O	25C. FUNERAL DIREC	TOR D11 - 12	Sto Sucru St
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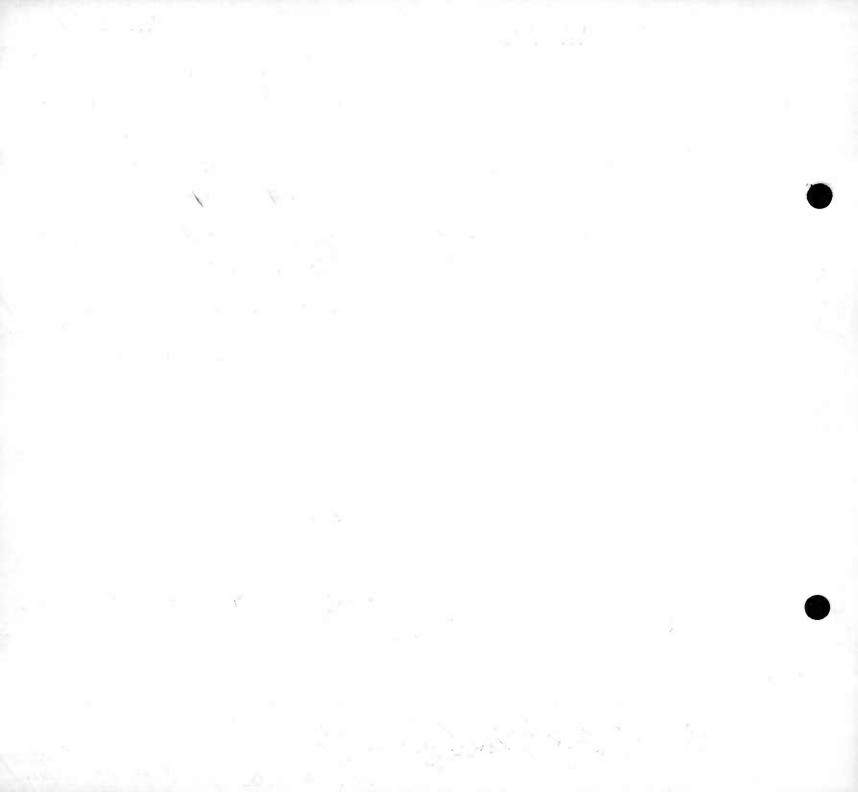
/4-40C)	71 MEDI	196 CAL	5 BALTIMORE CITY HE EXAMINER'S (ALTH DEPA	RTMENT CATE OF	DEAT	H REG. NO	71	1965	
I. NAME OF DEC	EASED		19n2	NSON	2. DATE	V (7)	A4 4b	D	V	Tu:	_
(Type or Print)		LILL		HALLEY	OF	Knawn 🔯	Febru.	ary 25,	1971	Hour	
4. PLACE IN BAL	TIMORE, MA			NOUNCED DEAD	DEATH 3. DATE	Estimoted 🗀	Month	Doy	Year	Hour	М.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT	TIN HOSPITAL SS OR LOCATION	OR INSTIT	UTION, GIVE STREET		UNCED DEAD	Febru	arv 25.	1971	12:10	<u>Ам.</u>
00	1137	Argyle	Aven	ue	A. STATE			B. COUNTY	: residence b	erore admission	2
6. SEX	7. RACE			D NEVER MARRIED	C. CITY OF	Maryland		D. INSIDE CI	TY LIMITS?	10-	2
Female	Ner		WIDOWE			Baltimore			RT"		
9. DATE OF BIRTH		10. AGE (In y	eors H	Under 1 Yr, If Under 24 Hrs.	E. STREET	AND NUMBER		YE	SEL I	NO L	
Aug. 2, 1	00.2	lost birthdoy)	M	onths Doys Hours Min.		1137 Argy	10 4770	niio			
11. BIRTHPLACE (S			12	CITIZEN OF	13. FATHER		IC AVE	lue			
Dall	10/04	NS.	1	WHAT COUNTRY?	1	2 Roc	e				
14A.USUAL OCCUI	PATION Give	klad of work 4	B. KIND C	OF BUSINESS OR INDUSTRY		R'S MAIDEN NA	ME				—
done du <u>sing</u> most of w	orking life eve	en Ifretired)			bli	7 1	OSS				
16. WAS DECEASE	ED EVER IN L	J.S. ARMED F	ORCES?	II7. SOCIAL	18. INFOR	MANT :	1000	14	DRESS		
(Yes, no or unknown)	(If yes, give w	or or doles of	service)	SECURITY NO.	1211	ille 1	3 Mul	-	のっト	Munu	14/
19.	1 \			CAUSE OF DEA	TH	11/16/	JI WIV	SON K	XJ/	PROXIMATEINTERN	C AX
1/7	XI			CHOSE OF BEA					BETWI	EEN ONSET AND D	HTASC
	E OR CONDI LEADING TO	TION DIRECT	LY		Ca	rcinoma c	of broa	ct			
(This does no	of meon the	mode of dyInc	g, e.g.,	(A)IMMEDIATE C	AS A CONSEC		or brea	5.0		**************	
heart lollure, injury or com	osthenia, etc.	It meons the di h coused deoth	Iseose,	502.10, 0k.	TO A COMPLA	OLINCE OF:					
	NTECEDENT (20/11/0	(B). DUE TO, OR	AS A CONST	OUENICE OF					
RISE TO THE	ABOVE CAL	ONS, IF ANY, OUSE (A) STATIN	NG THE	DOL 10, OK	AS A COMSE	QUENCE OF:					
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OTHER SIGN		II	INDIO! INI.								
U TO THE DEA	TH BUT NOT	DITIONS CON	IE TERMIN	IG AL							
DISEASE OR		GIVEN IN PART		OR WHICH OPERATION WA	AC DEDECORA				Tax Augus		
DAIE OF	OFERATION	208. COND	IIIONFC	K WHICH OPERATION W	AS PERFORM	IED			21. AUTOP	PSY? (Yes or No	0)
	IAL CAUSE I	1100	lan							Vo	
UNDERLYING	VAL CAUSE V ☐OR CONT		ho	B. PLACE OF INJURY (e.g., me, form, foctory, street, office	In or obout 2 bldg., etc.)	NJURY OCCUR?	(If in Boltimor	e City, give exa	ct location)		
UTING CAL			411					4			
OF INJURY	Month) (Do	oy) (Year)	(Hour)	WHILE AT TO NOT	WHILE -	2F. HOW DID IN	JURY OCCU	R?			
(APPROX.)			m	WORK AT W							
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result	ed from: No	iturol cause	2 TX	Accident Suicid				ed monner L			
ACTUAL	(1/	, 10.1		1		CHIEF MEDICAL				DATE SIGNED	
SIGNATU		yes o	->	M.D	•	STANT MEDICAL		<u> </u>			
NAME (T	GI.	narles	S. Sp	ringate, M.D.	ASSO	CIATE MEDICAL	EXAMINER	☐ Febr	cuary 2	25, 1971	
24A. BURIAL CREN REMOVAL (Specification)	AATION. 24	4B. DATE	04/	24C. NAME of CEMETERY	M	-	LOCATION	(City, Jown,	, or county)	(Stote)	_
25A. DATE REC'D	BY HEALTH D	EPT.	259 NA	ME OF REGISTRAR	Lipeve		1C24 // 1	16, low	200000	-	
FEB 2	6 1971	Rebers	. 7	Ben Raistran	1/1	UNERAL DIRECTO	mend	Home	3198/	School	450
/S 151-REV. 1/1/6B						7 0 19					V

Cold L. J. W. S. J. Hartis Hold Tarbitation & Administration of Otolington S. C. 100 1003 PHIZA KOSS 5×35457 LACIFE BOWER AS THEY FOR Surial 8/1/11/ Langer Erre Dallagtu St.

	 	7-4/6 71 1966 CERTIFICATE OF DEATH REG. NO. 71 1966
	deat deat cease on th	1. NAME OF DECEASED (Type or Print) 1. DATE AND HOUR OF DEATH
red in a hospituting cause of advance (5) De Ir attendance prior to death le.	- 0 0 0 t	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived, It institution: residence before edinical
	cau se; end to	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION) FULL NAME OF ADDRESS OR LOCATION, GIVE STREET OF LOCATION OF ADDRESS OR LOCA
	Authoran Hospital of Many Court STREET AND NUMBER 1809 EDMONDSON AVENUE	
0	occur ontrib srmin regule sased is ma	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Hours Min.
	or con number or con number of contract of	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or loreign country) 12. CITIZEN OF WHAT COUNTS 12. CITIZEN OF WHAT COUNTS
F :	direct or ; (4) Under the was in the dedisposition	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
TA	the the deat deat	15. Wes Deceased Ever in U. S. Armed Forcas? (Yas, no or unknown) (If yos, give war or doles of sarvice) 16. SOCIAL SECURITY NO. 17. INFORMANT Devoth 4 Double 2813 Havkur Av
MPOR	o, if fany nced enda d or	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH ACMTE APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
R: 1	cture o pronou ar att	LEADING TO DEATH (This does not moon the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE PILLMONARY EDEMA DUE TO, OR AS A CONSEQUENCE OF: PLUTE
010	tho period	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
DIRE	ral excrat sylving (3) / (3) / (cian was in a ain ain	tise to the above cause IA) stating the UNDERLYING CONDITION lost. (C)
AL	born burn bhys an w	Other significant conditions contributing to the death but not related to the terminal disease or condition given in part 1 (a).
FUNER	Boog the the the the the the the the the the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E 4	pital b) where No ph	OR CONTRIBUTING CAUSE OF home, form, foctory, stroot, affice bidg., INJURY OCCUR?
7	hosp natur cept v d (6)	21D. TIME (Manihi (Doy) (Yeori (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At North At Work
	the expect	22. I certify that (1) (this hospital) attended the deceased fram 2/22/7/19 to 2/22 197/
	2 00	that (1) (we) last saw the deceased alive an 2/2/197/ and that in (my) (aur) apinion death accurred an the dat
		and haur and fram the causes stated above. (1) (We) (did) (did not) view the bady after death.
	BOODE	23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED
1 8	00 0 0	parage Phys. Director Phys.
	y was r (1) An a 3.A. at c d prior approv	L'GEORGE THOMAS. Latheron Hospital of Mary Con
	D.C D.C D.C Base	24A-BURIAL CREMATION, 248, DATE 24G, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
1	the books: was D. deceas	25A. DATE REC'D BOTH DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR ADDRESS 210 ADDRES
		VS 150-REV. 1/1/68



	F24			BALTIMORE CITY	HEALTH DEPART	IMENT		mu	4000
S + S BIRTH	1 No.	71	1967	CERTIFICA	TE OF DE	ATH	REG. NO	/1	1967
1.NA IType	ME OF DECEASED		^		2		HOUR OF DEATH		
3. PL	ACE IN BALTIMOR		HNDER	SON	I A HEHAL BESIDE	/2	24/71		12.15 A. M
					A. STATE	B. COUNTY	deceased lived. If in	stilution; resid	dence below admission
HOSI	NAME OF (I	IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION	ON, GIVE STREET	C. CITY OR TOWN	····	Is take	/	501
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74	0	/	<i>i</i> ,	t 1	E. STREET AND N	NUMBER	0		NO LJ
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'n	0/6	N	WIDOWED .	NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years st birthday)	If Under 1 Months; Do	Yı. If Under 24 Hrs. oys Hours Min.
10A, U	SUAL OCCUPATIO	N (Give kind of work	108. KIND OF BU	DIVORCED SINESS OR INDUSTRY	1-15-	ofe of foreign	country	12 CITIZEN	OF WHAT COUNTRY?
done d	furing most of working	lite even if retired)	n	1/14	12-00		he 1	12. 011122	Call Country
13. FA	THER'S NAME			1.1	14. MOTHER'S MA	AIDEN NAME	ma		1.01
70	anes)	Under	and	Sr	(Vas	17/	(In I	2125	
15/We	o or unknown) (If yes	n U. S. Armed Fore	os? 16	SOCIAL SECURITY NO.	17. INFORMANT	1)	unac	100 A	DDRESS
	,		2	17-079812	Ethio	Und	1100V 11	100-	Books &
18	436	91		CAUSE OF DEAT	1	, v race	16		APPROXIMATE INTERVAL
		CONDITION DIR	ECTLY						WEEN ONSET AND DEATH
g	his does not me	an the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SECEREBRO A CONSEQUENCE OF	VASC	ULAR AC	CIDEN	T
in	east failure, asthen jury or camplication	on which caused	the disease, death.)	ATHERO	SCLEROSIS	5 .			
		EDENT CAUSES		(R)					
D	ISEASES OR CO	NDITIONS, if o	ny, giving	DUE TO, OR AS	A CONSEQUENCE O	F:			
Ü	NDERLYING CON	IDITION lost	Johns me	(c)	***********************				*************
Z	THER SIGNIEICANIS	II	TRIDITING.						
CERTIFICATION 101 101 101 101	THER SIGNIFICANT () THE DEATH BUT I SEASE OR CONDITION	NOT RELATED TO THE	E TERMINAL	***************************************		• ••••••	*************		
F 19	A. DATE OF OPERA	TION 198 COND	ITION FOR WHI	CH OPERATION	20 A. AUTOPSY?	Yes or No)	OB. IF YES, WERE P	INDINGS CO	NSIDERED
Z 21	A. A CCIDENT WA	_		CE OF INITIANA	NO	.			
. 01	A. A CCIDENT WAS CONTRIBUTING EATH (notify medico	CAUSE OF	home, le	CE OF INJURY (e.g., ir orm, foctory, street, of	ice bldg. INJURY O	CCUR?	(If in Boltimore	City, give ex	xact location)
0 21	D. TIME (Month	n) IDoy) IYeori	1Hour 21E INJ	URY OCCURRED	21F. HOW	DID INJUR	Y OCCUP?		
E OF	PPROX.)		While A						
22	. I certify that (I) (this hospital)			5/14/	19	7/_to2	1241	~/
	at (I) (we) lost s			2/24/	19/2/		'	/ <i>fff</i>	19 7/
				e) (did) (dtd not) vi		r deoth-	(m)) (out) opin		scored on the date
23/	A. SIGNATURE	4						238, DATE SI	
20.	/4 4.	and		DEGREE Phys.		or Sto	ff. □	2/24	4/71
239	NAME (Typel	S. BASU			3D. ADDRESS	blace	oir a	2 Ness	land
24A. B			24C NASA	of CEMETERY OF CRE	Kuheran	/	sital 9	1 Tax	yuna.
1	URIAL CREMATION	1 1 -19	11 12-1	- A CRE	MATORY	24D. LOC	KTION (Cig	, town, or co	1 State)
20/E W	WID MC ON MOTHER	AUTO PEPTA DO	AR WE CAN BE	GISTRAR	250. FUNERAL D	DIRECTOR	allemo	e,	ADDRESS (212)
LCE	2 40 13/1	الافاودي حر	- Park	400	Motor	THE RE	with I	EH)	701-Lauren
/S 150	-REV. 1/1/68				2000		771		V



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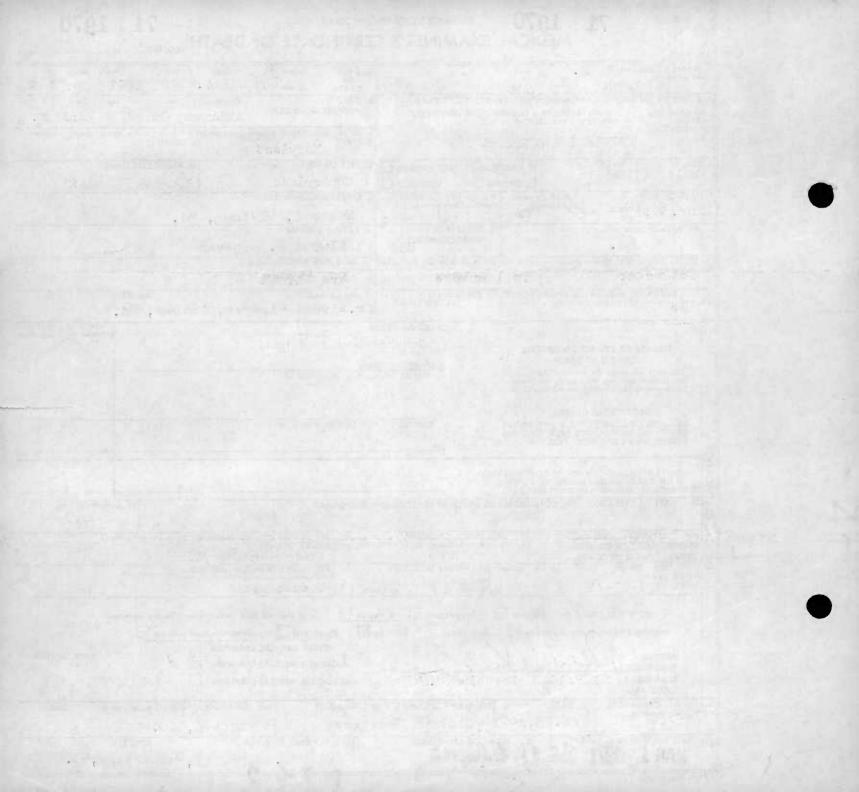
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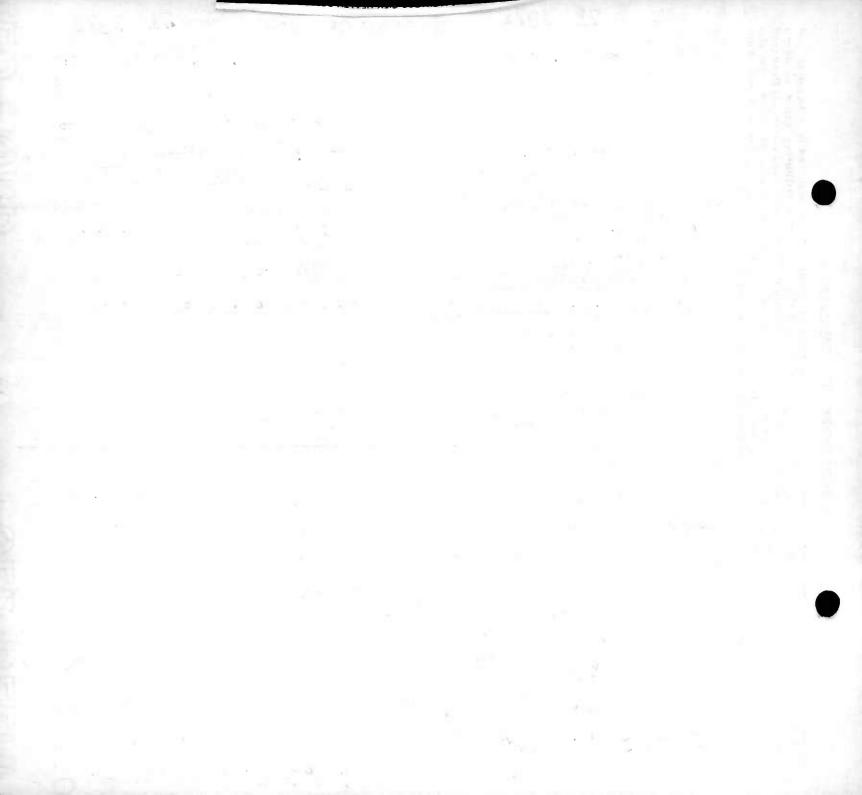
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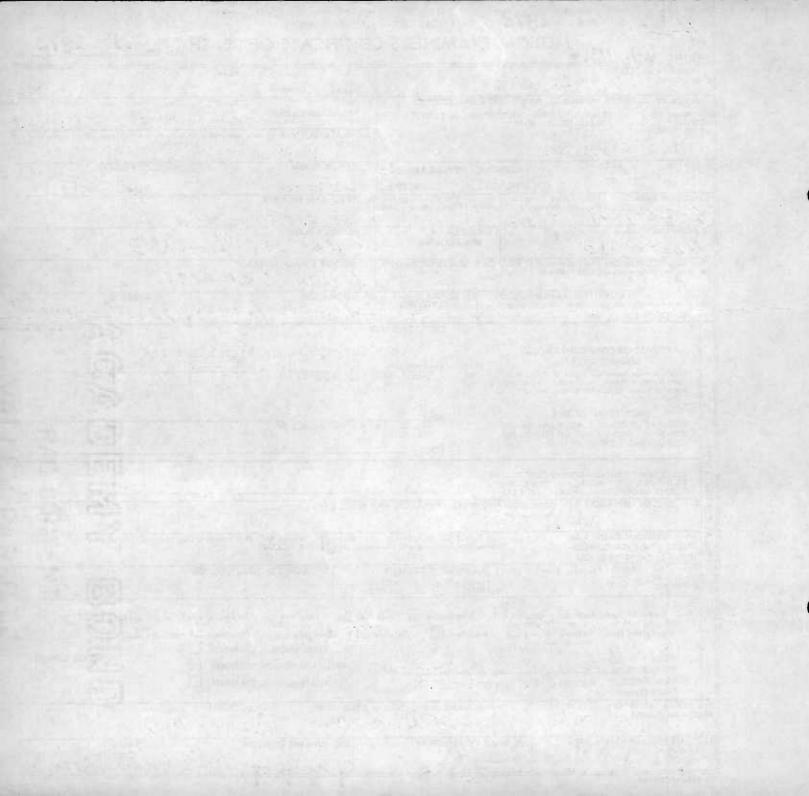
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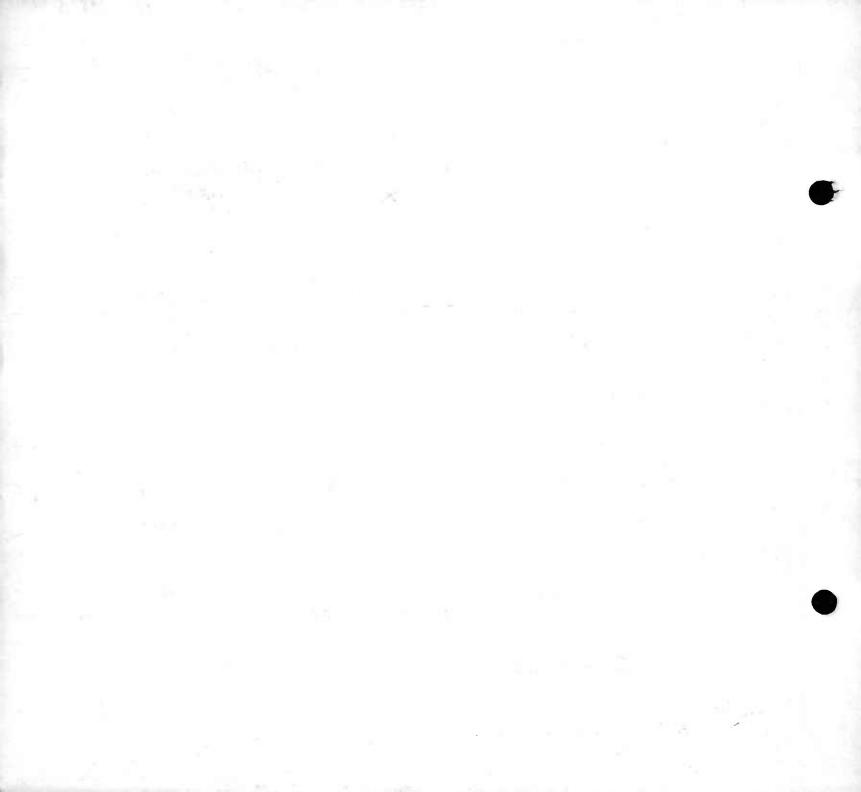
1	- 250	71 1	074	BALTIMORE CITY	HEALTH DEPARTMENT	Y r	54 4 . m. s		
	TH NO.		-3/3	CERTIFICA	TE OF DEATH	REG. NO.	71 1971		
	Pe or Print)	Francis M.	Disney			Feb. 24, 19			
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WH	iere deceased lived. If in	nstitution: residence before admission)		
Ho	LL NAME OF SSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT ATION)	UTION, GIVE STREET	c. City or town Baltimore	Baltim ID. INS	ore 5300		
1	7				E. STREET AND NUMBER		153 140		
		Mercy Hospi	tal		######################################	************************************	ll Far Hills Drive		
5. :		6. RACE	7. MARRIED	XXNEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months Days Hours Min.		
	M	W	WIDOWED	DIVORCED	5-29-21	lost birthday	Months Days Hours Min.		
10A	USUAL OCCI	UPATION (Give kind of work working life, even if retired)	TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?		
901	Pers, D		?		Maryland		U. S.A.		
	FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	AME	0. D.A.		
8	anford								
15.		Ever in U. S. Armed For	7	1 6 SOCIAL	野神神B Eve	elyn Balder			
(Yes	, no or unknown	(If yes, give war at dote	s of service)	SECURITY NO.	IV- INFORMANT		ADDRESS		
	Yes	W. W. Tw	0	215-16-9427	Mrs. Josephin	e W. Disney,	Same as # 4		
		E OR CONDITION DIS	RECTLY	CAUSE OF DEATH	$\Omega_{\mathbf{a}}$	()	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (CAUSE OF CAUSE								
	heart failure,	asthenia, etc. It means	the disease.	DUE TO, OR AS	CONSEQUENCE OF:		_		
	injury or complication which caused death.)								
	ANTECEDENT CAUSES (8) CLOSES & Cypo Vo (engla)								
	rise to the	R CONDITIONS, if a code (A)		DUE TO/ OR AS	CONSEQUENCE OF:	4 000	4		
	UNDERLYING	CONDITION last		(c)	1 party	/ KWZ			
ATION	TO THE DEAT	II ICANT CONDITIONS CON H BUT NOT RELATED TO THE ONDITION GIVEN IN PART	IE TERMINAL	48 48 m d m a m a m a m a a a a a a a a a a a	***************************************				
5		OPERATION 198. CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED				
CERTIFIC	2	WAS PERF			13-5	IN CERTIFYING CA	USES OF DEATH?		
الحا	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examines	21 B. hom elc.)	e, form, foctory, street, off	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If In Boltimor	e City, give exoct location)		
03	21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour 21E	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?			
2	(APPROX.)		Whi	Not While					
	22. I certify	that (1) (this haspital)			2/20	19 7/ta2	2/2/1		
		last saw the decease		2/2/1	10 /7 /		19 7		
				7	. /		nian death accurred an the date		
	23A. SIGNATU		ed abave, (I) (We) (did) (did nat) vi	ew the bady after death.				
	230.310.00	1 men	K	Atter Phys.	ding Med.	Shaff Phys.	238 DATE SIGNED 2 /25 /7 /		
	PHYSICIAN NAME (T)	// >	Key	King 2	3D. ADDRESS	12000	Practice of		
24A	BURIAL CRE	MATION 248 DATE	24C.NA	ME OF CEMETERY OF CRE	MATORY 200.	LOCATION / (Ci	ly, town or county) (Stole)		
	BURIAL		,71 Du	laney Valley M		ockeysville,			
W	R1 19	BY HEALTH DEPT.	25B, NAME C		25C. FUNERAL DIRECTO	R 1(ADDRESS 050 York Road owson, Md. 21204		
VS	150-REV. 1/1/6	8)			



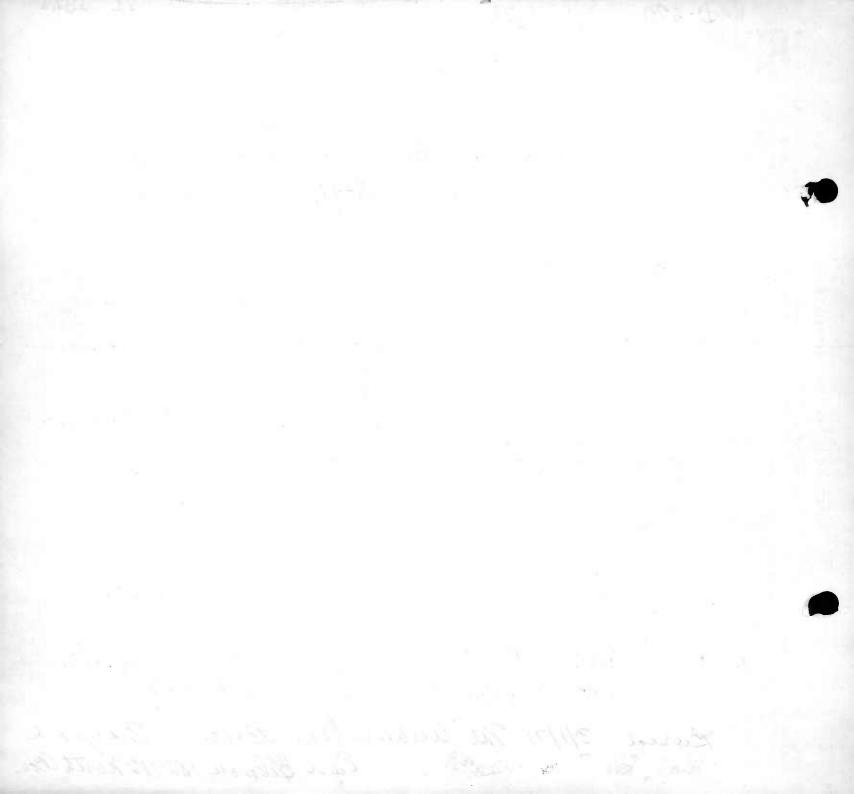
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BALTIMO	DRE CITY HEALTH DEPARTMENT 71 1973							
BIRTH NO. 71 1973 CERTI	FICATE OF DEATH REG. NO.							
(Type or Print)	2. DATE AND HOUR OF DEATH							
3. PLACE IN BALTIMORE MARYLAND, WHERE MONOUNCED DEAD	3-22-71 3 AM.							
3. PLACE IN BALTIMORE, MARYLAND, WHERE MONOUNCED DEAD FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STE HOSMTAL OR ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY 2. 3. 0 /							
HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
10 11 A 11	Seit-one YES NO							
South Bolt. Gen Hospit	e. STREET AND NUMBER 1215 S. Hancver St							
5. SEX 6. RACE 7. MARRIED NEVER MARI								
WIDOWED DIVOR	CED VARIOUS ATT U(
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR II done during most of working life, even if refired)	NOUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
UNONECHOWA	LAKE PARK GEORGIA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
George Pipkins	Un PEARLIE HUGHES							
15. Was Deceased Ever in U. S. Armed Forces? [Yes,na or unknown] [If yes, give war or dotes of service] 16. SOCIAL SECURITY N	O. 17. INFORMANT ADDRESS 752-0386							
NNO 259-36-5	899 MR George Wendt - Same							
18. CAUSE O								
DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH							
LEADING TO DEATH	DIATE CAUSE Severe GI bleeding							
heart failure, astheria, etc. It means the disease, injury at camplication which caused death.)	heart failure, asthenia, etc. It means the disease.							
ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, if any, giving (B)								
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	rise to the above cause (A) stating the							
- 11								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
DISEASE OR CONDITION GIVEN IN PART 1 (A).								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?							
OR CONTRIBUTING CAUSE OF home, factory,	RY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) street, office bldg., INJURY OCCUR?							
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?							
	Not While							
22. I certify that (I) (this hospital) attended the deceased fro	im 2/21/7/ 19 to 3: 44 2/22 19 7/							
that (1) (we) last saw the deceased alive on	19 7 and that in(my) (our) opinion death occurred on the date							
and have and from the causes stated above. (1) (We) (did) (di								
23A. SIGNATURE	23B, DATE SIGNED							
Ctuberry .	Affending Med. Shuff 2/22/7/							
23C. PHYSICIAM'S NAME (Type) PRES 6 1+120	South Balt. Con. Hosp.							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify)	Y of CREMATORY 24D. LOCATION (City, town, or county) (Stote)							
2011	0.000							
25A. DATE RECO BY HEALTH DEPT. 25A NAME OF RESULTANT	25C. FUNERAL DIRECTOR ADDRESS LOTING Byers Funeral Directors P.A.							
V\$ 150-REV, 1/1/68	18728 Liberty Rd. Randallstown, Md. 21133							

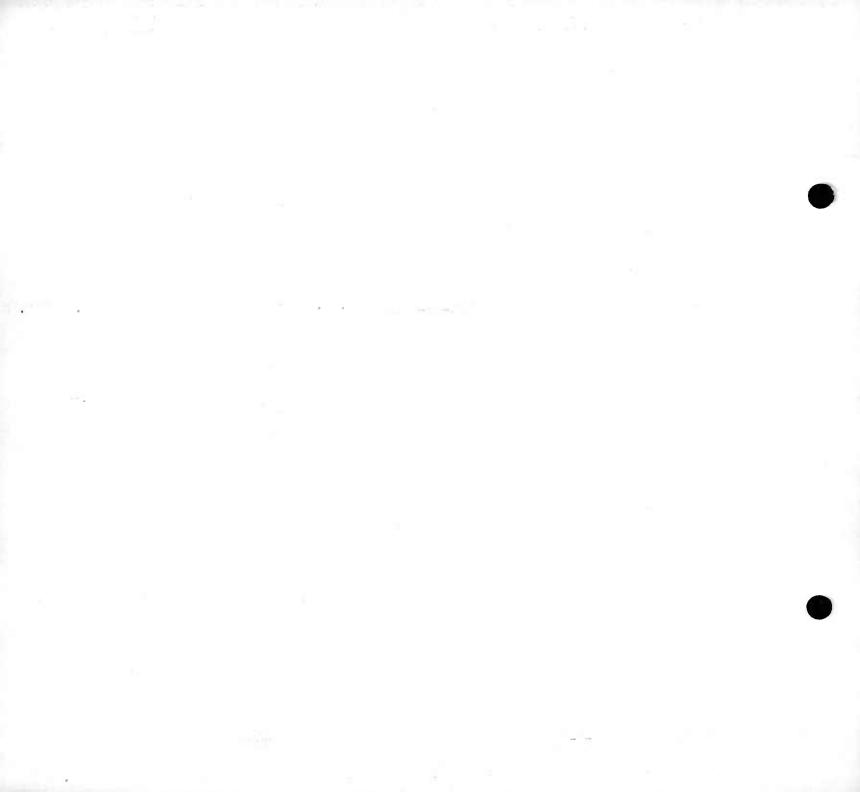


	0-620 71 197	4	HEALTH DEPARTMENT	Danisana d Na	11 1944			
	E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.				
	NAME OF DECEASED	Ilan Das		26-1971	11210			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	HER DORS	4. USUAL RESIDENCE (Where	deceased lived. If instit	ution: residence before admission)			
	500 Maria 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	C 4	MARY/A D		15/14			
	FULL NAME OF (If not in hospitol or institut HOSPITAL OR oddress or location) INSTITUTION	ion, give street	1/	ide city limits, write RUF	RAL and give township)			
do	1.		Baltimo					
K	Kenesaw Nursi	ng Home	10 - 0 1	ASKI ST	ReeT			
5.	SEX 6. RACE 7. MARE WIDO	RIED, NEVER MARRIED	B. DATE OF BIRTH 9.	. AGE (In years ost birthdoy) , A	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.			
/	nHIE IVEGRO D,	JORECA	111491,1904	66				
	A. USUAL OCCUPATION (Glyle kind of work 10 B. KIN I ne during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	n 11	100 1 1	12. CITIZEN OF WHAT COUNTRY?			
13 15	WAITER			MARYland	45			
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1 1 1				
2	JOSEPH VORSEY Wos Deceased Ever in U. S. Armed Forces?	11/ 000111	17. INFORMANT	H 1 1	4000000			
	es,no or unknown) (If yes, give wor or dotes of servi		(11.++	ADDRESS Ave			
	No	218-03-9190	Josephine	WALIS-	2204 BRYANT			
5	DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH /		INTERVAL BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	(A) 5	bread of le	>).t	I da.			
3	(This does not meon the mode of dying, heart foiluse, astheria, etc. It means the dise	e.g., DUE TO Ose,	bread of le	MEM.				
	injury or complication which caused death.)	· ·	dienced 18	relia ?				
b	ANTECEDENT CAUSES	DUE TO	dissold ll Ctroschai	Talk	-9			
3	DISEASES OR CONDITIONS, if ony, girise to the obave couse (A) stoting	the (C) Only	corelas of	lu.	herzeus.			
	UNDERLYING CONDITION lost,			=	0			
IFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	ITING 2	Inc					
AT	DISEASE OR CONDITION CAUSING IT.		I 20 A ALITORISM (Von ex No)	200 IF yet were elki	DINCS CONGRESS			
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?			
CAL CERT	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, lorm, loctory, street, o	n or obout 21C. WHERE DID Inice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)			
		etc.)						
Z W	OF INJURY	21 E. INJURY OCCURRED While At Not Whil	21F. HOW DID INJU	RY OCCUR?				
	(A PPROX.)	Work At Work	1010		laike/			
5	22. I certify that (I) (this hospitel) attended the deceased from 19 to 2/26/71 19							
2	that (I) (Not) last saw the deceased alive on							
5	ond hour and from the causes stated above	e. (I) (We) (did)/(did not)	riew the bady offer death.	12	3B. DATE SIGNED!			
	Kott. 13. Mrs	M.D. Atte		Stoll Phy s.	2/26/7/			
3	23C. PHYSICIAN'S NAME (Type) POLY DIA	4	23 D. ADDRESS	1. 0/1				
24	1001. O.W	7-19/1 M.D.	Medical H	1775 13109	7			
	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (City,	town, or countyl (Stotel			
25	Burial 3/1/7/	Mt luchu	rullen Z	alt.	Mengland			
25	A. DATE REC'D BY HEALTH DEPT. 258 NA	OF REGISTRAR	25C FUNERAL DIRECTOR	1000	ADDRESS 141 Valley			
, F	150-REV. 1/1/65	The state of the s	July dies	nove 1821	Mi rosca use			

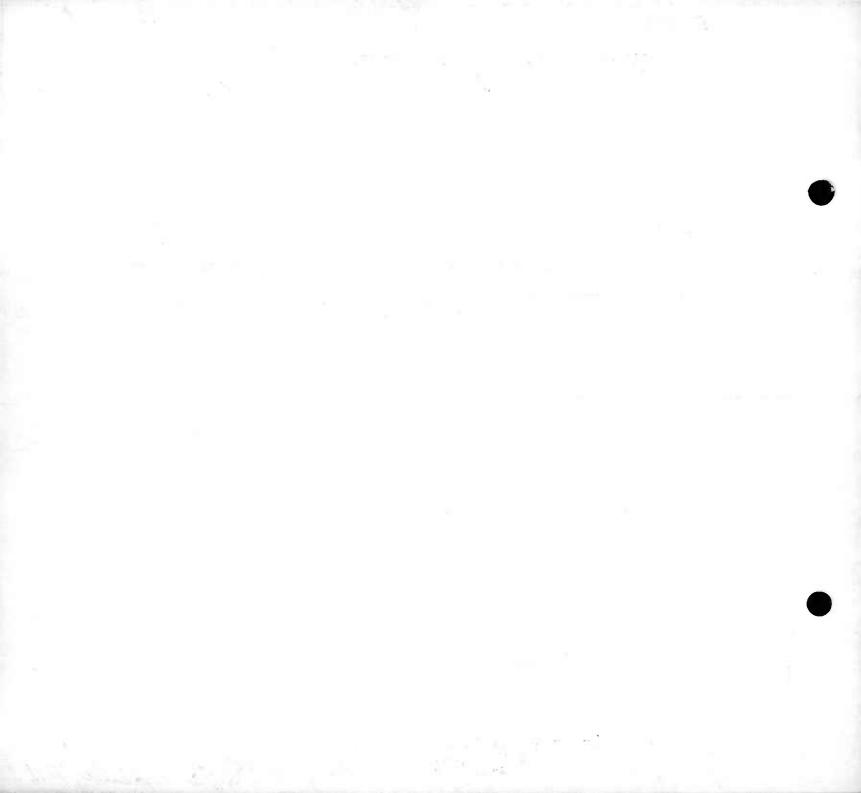


1	1) 111	7.1	1975	BALTIMORE CITY	HEALTH DEPARTMENT		71 1075	
BIR	() -4/0		1010	CERTIFICA	TE OF DEATH	REG. NO.	71 1975	
1.10	LAME OF DEC	CEASED			2. DATE AN	ND HOUR OF DEATH		
Пу	pe or Pnijam	es J. Wolf			2/2	5/71	11:10 A M	
1 (LTIMORE MARYLAND, V	· AA		A. STATE B. COUN	ere deceased lived. If in	stitution: residence before admission	
HC	SPITAL OR	ADDRESS OR LOC	ATION	UTION, GIVE STREET	C. CITY OR TOWNO .	133/1-0	5300	
l in	STITUTION			3-9-71	Balto.	D. INSI	DE CITY LIMITS?	
) / Me	rcy Hospital			E. STREET AND NUMBER		TES NO	
					4712 Kenwood	Ave.		
5, 5	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr. If Under 24 Hrs.	
L	M	W	WIDOWED	DIVORCED	3/1/08	lost birthdoy) 62	Months Days Haurs Min.	
IOA	USUAL OCC	UPATION (Give kind of working life, even if retired)	10B KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slate at fore	ign country)	12. CITIZEN OF WHAT COUNTRY	
II	Bottler	working me, even it rented)	Mahia	-7 R.	Balto.		U.S.A,	
	FATHER'S NA	ME	Nation	nal Brewrey	14. MOTHER'S MAIDEN NA	ME		
1		Bernard Wolf						
15, \			ces?	1 6. SOCIAL	Threesa Tann	er	ADDRESS	
(Yes		Ever in U. S. Armed For	s of service)	SECURITY NO.	INFORMACI	12	ADDRESS	
L.,	no			214-01-9279	Mrs. Frances Wo	1f 4712 Ker	wood Ave. Balto Md.	
1	16.	3.81		CAUSE OF DEATI	1		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH	
	DISEA	SE OR CONDITION DI	RECTLY		1. 1.0	100		
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.)							
	ANTECEDENT CAUSES (B) Conou Roth							
	DISEASES OR CONDITIONS, if any, giving insection to the above cause (A) stating the							
	UNDERLYING CONDITION last. (C)							
0	OTHER SIGNIF	ICANT CONDITIONS CO	NTRIBUTING					
A	DISEASE OR C	TH BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	T_1 (A).	100000000000000000000000000000000000000		*****		
ERTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED				20 A. AUTOPSY? (Yes or No	ON CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?	
U	21 A. ACCIDE	NT WAS UNDERLYING	218	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Baltimare	City, give exact location)	
₹	DEATH (notify	TING CAUSE OF medical examined	hon	ne, farm, factory, street, of }	ice bidg, INJURY OCCUR?			
ഥ	21D. TIME	(Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	Hay Occupa		
ME	OF INJURY	1000	100.00	ile At Not While		ORT OCCOR!		
			Wo	rk L At Work				
	22. I certify	that (1) (this hospital) attended t	he deceased fram	2/17/7/	19ta	2/25/71	
	that (I) (we)	last saw the decease	d alive an	2/25	197 and the	at in (my) (aur) apin	nian death accurred on the date	
			ed abave. (l) (We) (did) (did nat) vi	ew the bady after death.			
	23A. SIGNAYU	IRE O					23B. DATE SIGNED	
	4.1	- 1Can	Tar	DEGREE Phys	iding Med.	Staff Phys.	fels 2-5/7/	
	23 C. PHÝSICIA NAME (T	NS vnel	1		3D. ADDRESS	1.		
	LI	-S- RAN	16A1)	MATH MYD	Mensey	Arm 160	NN KID 3/211	
24 A	BURIAL CRE	MATION, 248. DATE	24C.N	AME of CEMETERY of CRE	MATORY 240. LC	OCATION (City	y, town, or caunty) (State)	
	Burial	3-1-71	Sac	red Heart Ceme	terv	Baltimore	Mamrland	
	PATE REC'D		258 NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		Maryland Address	
	MIRK I	13/1 Valent	S. Vaybe	不是一〇〇	Lassayn Buner	al Home 740	1 Belair Rd.21236	
VS	150-REV. 1/1/	68						

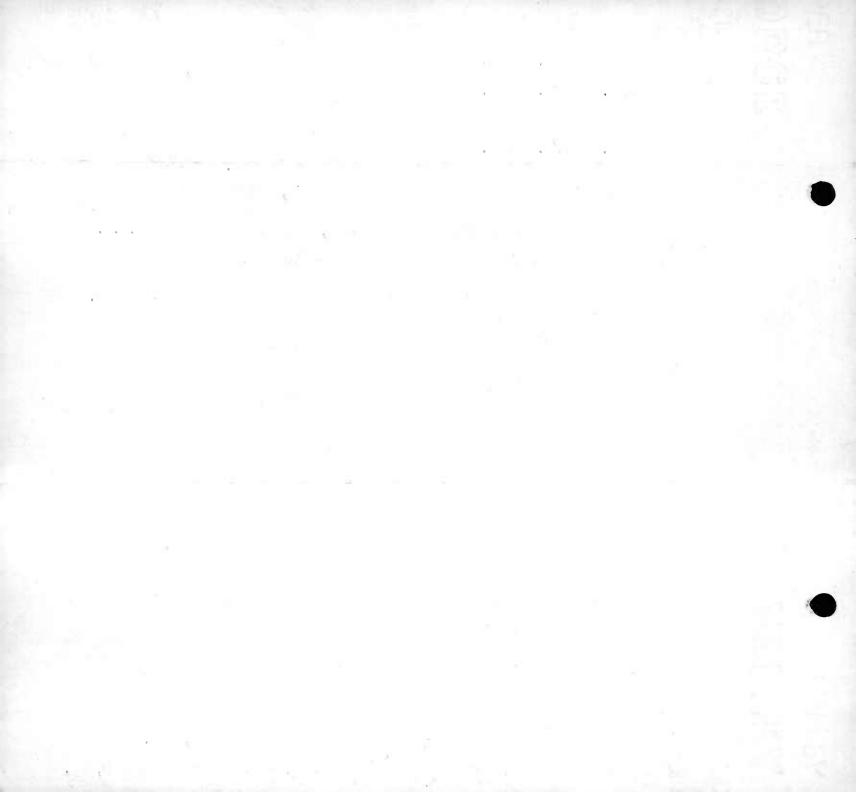
VS 150-REV. 4/1/6B



В	S-35/ 71 197	Mary .	HEALTH DEPARTMENT	REG. NO	71 1977		
1. (T	NAME OF DECEASED Appe or Print) Wilbystir Lie	STUMP Sti		ND HOUR OF DEATH	315 0		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR			ere deceased lived. If in-	stitution: residence before admission)		
F	ULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	MARGLAND	Carroll	5600		
118	ISTITUTION MEMORIAL TH		C. CITY OR TOWN	1	DE CITY LIMITS?		
1/2	///		E. STREET AND NUMBER	12 20/101	YES NO NO		
7	SEX 6. RACE 7. MARCH		ROZITE (6			
	M W WIDO	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 99	9. AGE (In years last birthdoy)	Months Days Hours Min.		
10.	A. USUAL OCCUPATION (Give kind of work 10B, KIN ne during most of working life, even if refired)		11. BIRTHPLACE (State or lore	eign country)	12. CITIZEN OF WHAT COUNTRY?		
	and a second	Building	MARYLAN.	D	His, A.		
13.	FATHER'S NAME	C. C. C. C. C. C. C. C. C. C. C. C. C. C	14. MOTHER'S MAIDEN NA	ME	114.0.50		
15	Was Deceased Ever in U. S. Armed Farces?	e Stump	ZNKNOWN	Mary Dee	ewer.		
III (T e	s, no of unknown! (II yes, give wor or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT WALCAYS ST	711 F170 b -	ADDRESS		
-	Is.	CAUSE OF DEATH		ding RT	#6 WESTHINSTER M		
	DISEASE OR CONDITION DIRECTLY	orton or pra	there is here	nahi Tin No	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU		Myww wi			
	hearl failure, asthenia, etc. It means the dise injury or camplication which caused death.)	ase,	CONSEQUENCE OF:	sion			
	ANTECEDENT CAUSES	(8)	en on sell				
	DISEASES OR CONDITIONS, if any, girise to the abave cause (A) stating	ving DUE TO, OR AS	A CONSEQUENCE OF:	Outab:	***************************************		
	UNDERLYING CONDITION last.	(c) 12 (c)	Dam Al	ghacu			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAL	alfile of	Wise I			
FICA	19A. DATE OF OPERATION 19B. CONDITION F	******************	20A. AUTOPSY? (Yes at No	208, IF YES. WERE FI	NDINGS CONSIDERED		
CERT	Tele. 13, 1971 Was PERFORMED	lf lung	YES	IN CERTIFYING CAU	SES OF DEATH?		
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, olfield.)	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Baltimore	City, give exact locotion)		
MEDI	OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
_	(APPROX)	While At Nat While Nork At Work					
	22. I certify that (i) (this hospital) attended	~ 0		19 7/_to	Feb 24 19 7/		
	and hour and from the course stated above		19ond th	at in(my) (aur) apini	on death accurred an the date		
	and haur and from the causes stated above	*• (I) (We) (dld) (dld not) vi	ew the bady after death.		23R DATE SIGNED		
Attending Med. Stoff 2/24/							
	23C. PHYSICIAN'S NAME (Type)	DEOREE	D. ADDRESS		, , , ,		
244	VICTORIA C. GALLAR	DEGREE	RINION MEMON		TAL		
1124	KEMOVAL (Specify)	C. NAME of CEMETERY of CREA	MATORY 24D. L	OCATION (City,	town, or county) (State)		
254	Burial 2-27-71 DATE REC'D BY HEALTH DEPT. 255 NAM	Loudon Park		Baltimore,	Md.		
	AR 1 1971 Page & Jak	0 0	25C. FUNERAL DIRECTOR	Hright.	Leterville Md		
VS	150-REV. 1/1/68		1	· · · · · · · · ·	your nul		



BALTIMORE CITY HEALTH DEPARTMENT



1	ŧ.
issistant if death occurred in a hospital and the direct or contributing cause of death y kind; (4) Undetermined cause; (5) Deceased I death was in regular attendance on the ince on the deceased prior to death. Such final disposition is made.	3 3 5 1 1 1 1 1 1 1 1 1 1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION
dy w (3) A sed p	24
he body hows: (I ras D.O lecease	25
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FUNERAL DIRECTOR: IMPORTANT

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If Under 24 Hrs. Hours Min.
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VS 150-REV. 1/1/68

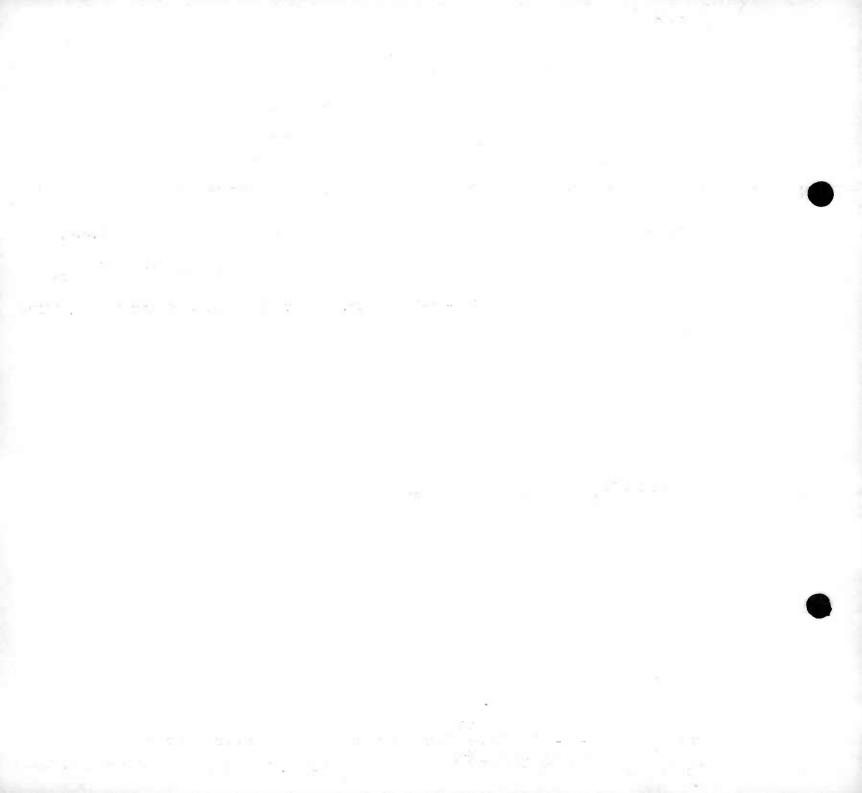


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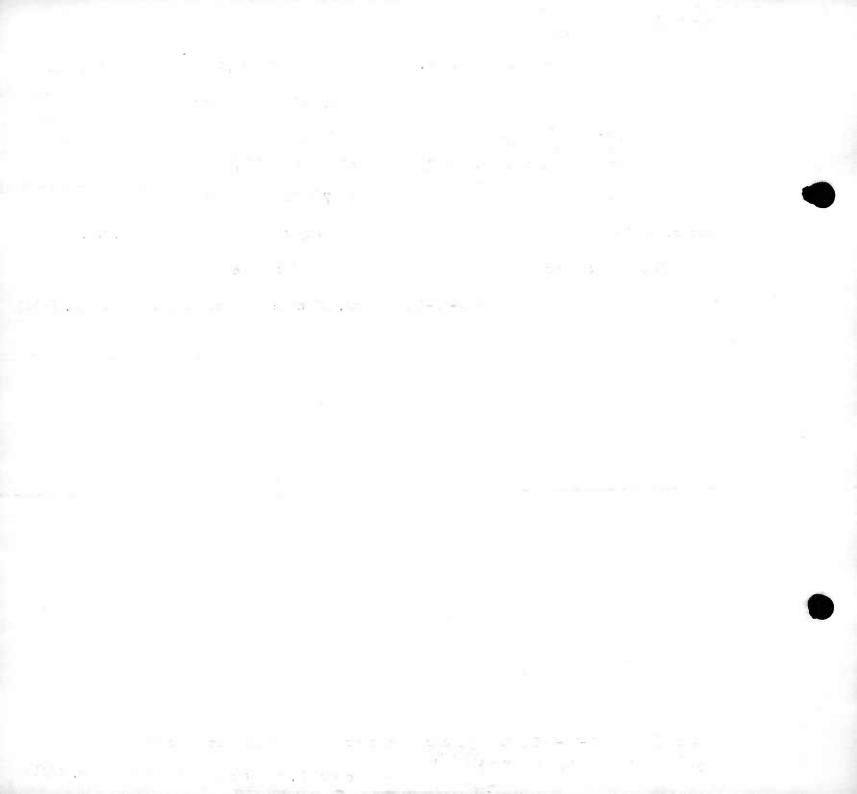
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VS 150-REV. 1/1/68



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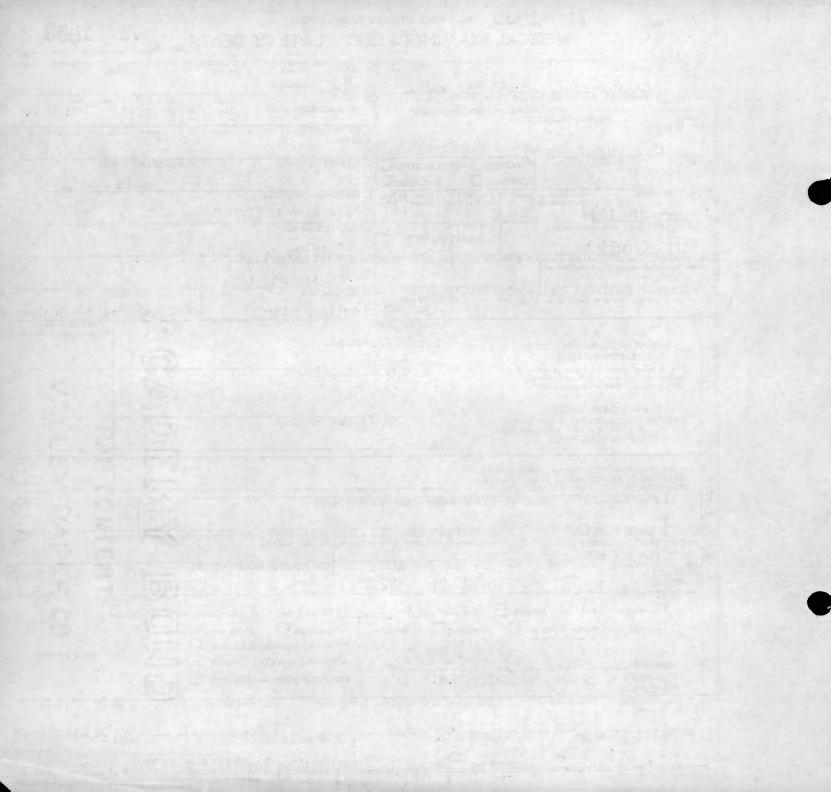


25C. FUNERAL DIRECTOR

Arlington S. Phillips 1727 N. Monroe St.

258, NAME OF REGISTRAR

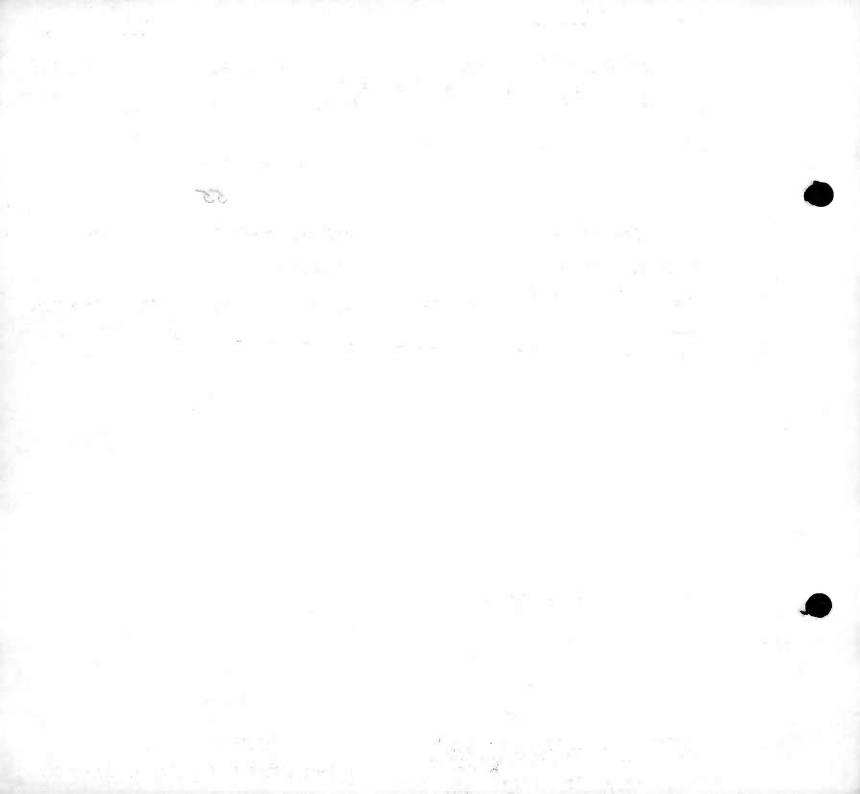
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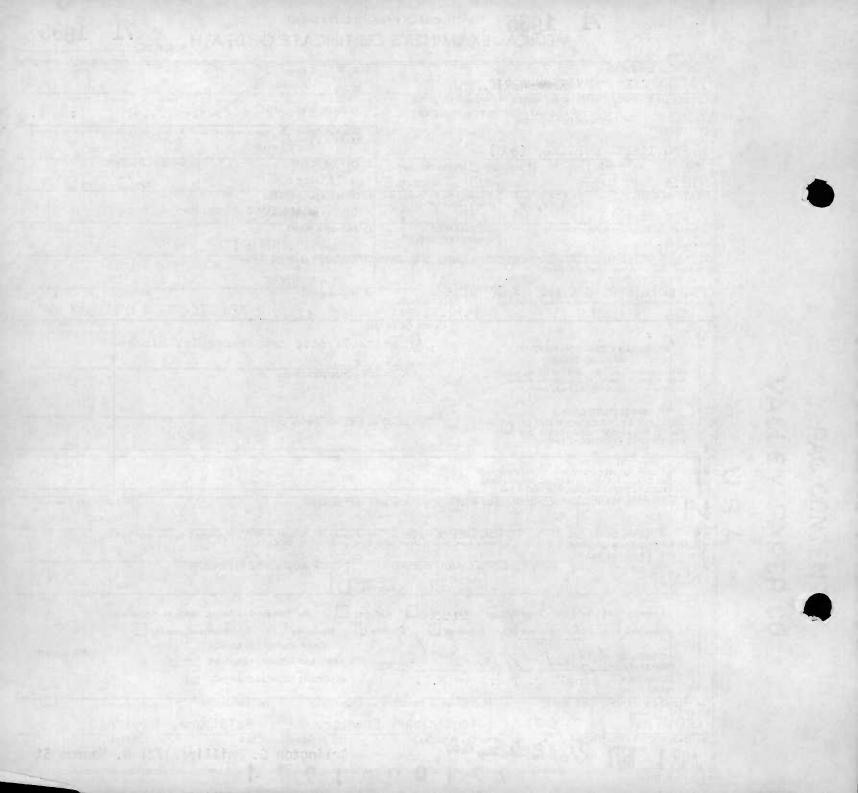
IMPORTANT

FUNERAL DIRECTOR:

į.	B-62x 71 1984	BALTIMORE CITY	HEALTH DEPARTMENT		100 A			
1	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	71 1984			
	Type or Print) ALBERT B. B. DOOK		2. DATE AN	D HOUR OF DEATH				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	NCED DEAD	4. USUAL RESIDENCE (When	e deceased lived If inst	9.53 A M.			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT HOSPITAL OR ADDRESS OR LOCATION)	k e	4. USUAL RESIDENCE (Where deceased lived/ If institution: residence before admission) A. STATE B. COUNTY MARYLAND BACTIMORE C. CITY OR TOWN D. INSIDE CITY LIMITS?					
1	SINAL HOSPITAL		E. STREET AND NUMBER 2805 CHELSE		YES NO			
5	SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In veors	If Under 1 Yr., If Under 24 Hrs.			
	MALE NEGRO WIDOWED	DIVORCED	2///0	5.5	Months: Doys Hours Min.			
d d	OA. USUAL OCCUPATION (Give kind of work 10 B, KIND OF B one during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?			
	Clerk (Ft. Meade)		Baltimore, Mar	vland	USA			
ľ	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE				
	Lawrence A. Brooks		Annie Kellem					
0	5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	_ Yes	218-01-8063	Mrs. Dorothy B	rooks 28	05 Chelsea Ter.			
	18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INT BETWEEN ONSET AN							
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death, i							
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
	inse to the abave cause (A) stating the UNDERLYING CONDITION last. (C) MITRAL INSUFFICIENCY							
14014	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1							
) diam	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WH WAS PERFORMED	IICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	NDINGS CONSIDERED			
100	21A. ACCIDENT WAS UNDERLYING 121B. PL	ACE OF INTIES (e.g. in	or about 21 C. WHERE DID					
ICAL	DEATH (notify medical examiner)	form, loctory, street, offi	ice bidg., INJURY OCCUR?	lit in Bailmore	City, give exoct location)			
AAED	21D.TIME (Month) (Doy) (Teor) (Hour) 21E, IN (APPROX.)	AI Not While	21F. HOW DID INJU	JRY OCCUR?				
	Work	At Work						
	22. I certify that (I) (this hospital) ottended the	deceased from	2/2/	9 71 to 2/	2 2 19 7 /			
Ш	that (i) (we) last saw the deceased alive on		and tha	t in (my) (aur) opinie	on death accurred on the date			
Ш	and hour and from the causes stated above. (1) (23A. SIGNATURE	We) (did) (dld nat) vl	ew the bady after death.		O DATE COMES			
ı	Leus tein 1	Atten Phys.		Shaff Phys.	L/22/7/			
	23C. PHYSICIAN'S NAME (Type) FRANKLIN WEINS	2:	SINA!	HOSPITAL				
2		DEGREE OF CREA		CATION (City,	town, or county) (State)			
	Burial 2-25-71 Arbu	ıtus Mem. Par	k Bali	timore, Mary	land			
2:	MAR I ST Jaben E. Jaken	REGISTRAR	25C. FUNERAL DIRECTOR	-	ADDRESS 7 N. Monroe Street			
'V:	\$ 150-REV. 1/1/6B							

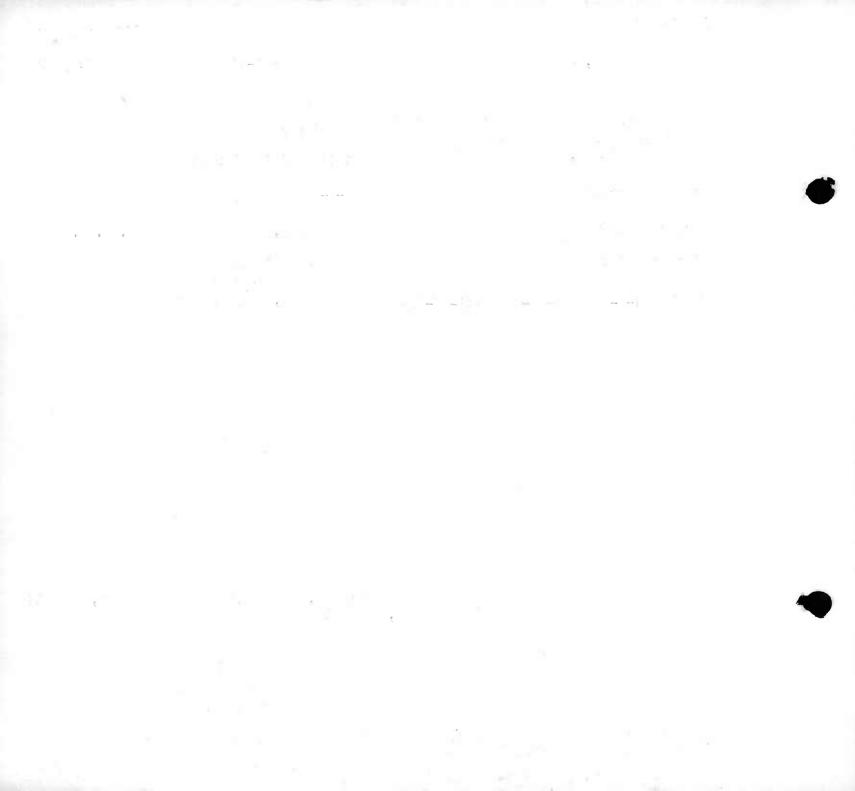


ULL NAME OF IOSPITAL PR INSTITUTION	TER MOYS	AND, WHE	DRICK RE PRONC		2. DATE OF	Known 🔲	Manth	Day	Year	Hour
ULL NAME OF IOSPITAL OR INSTITUTION PROVIDION SEX Male	(IF NOT IN ADDRESS	HOSPITAL O	E PRONC		DEATH	Estimoted				
PROVIDE SEX Male	ÀDDRESS	HOSPITAL OF	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					Day	Year	Hour
. sex Ma le	ENT HOSP	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) R INSTITUTION				RESIDENCE (W		ed. If institution:		6:50 A.
Ma le		,	DOA)		A. STATE	Marylan	d	B. COUNTY	15	511
	7. RACE		_	NEVER MARRIED	C. CITY OF			D. INSIDE CIT	Y LIMITS?	
DATE OF RIPTI	Negro		DOWED			imore		YES	; 🗌 1	ио 🗆
Dec-20-	las	AGE (In year of birthday)	1 If Un Month	der 1 Yr. If Under 24 Hrs. hs, Days, Hours, Min.		AND NUMBER CALLAW		JE		
I. BIRTHPLACE (S		ountry)		ITIZEN OF	13. FATHER	'S NAME				
WASHINGT	ON DC		_ N	HAT COUNTRY?	SW	AN M. KE	NDRICK			
A.USUAL OCCU	ATION (Give kin		KIND OF B	BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN N	IAME			
one during mast of w PHYSI(ERDEEN	N. MD	DIII	BY MAYSE				
6. WAS DECEASE	D EVER IN U.S.	ARMED FO	RCES?	17. SOCIAL	IB. INFOR			AD	DRESS	
es, na ar unknawn)			rvice)	SECURITY NO.	MDC	AL TMAN	- KENDRI	CK-3814	CALLA	WAY AVE
YES	WW	11		578-14-5839 CAUSE OF DEAT		ALIMAY	KENDKI	CK-3014		PROXIMATE INTERVA
4	Q ITI						1:	.1 1:		EEN ONSET AND DE
	OR CONDITIO			Arteri	oscier	otic car	alovascu	ılar dise	ase	
	LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., Due TO, OR AS A CONSEQUENCE OF:									
injury or can	osthenia, étc. It n plicotian which co	oused deoth.)	ose,							
DISEASES O	R CONDITION: ABOVE CAUSE IG CONDITION	S, IF ANY, GI	ING THE		AS A CONSE	QUENCE OF:				
5	- CONDINOR	LAUI		(c)						
TO THE DEA	II IFICANT CONDIT TH BUT NOT REL CONDITION GIV	ATED TO THE	TERMINAL							
20A. DATE OF				WHICH OPERATION WA	S PERFORA	AED			21. AUTO	PSY? (Yes or No)
22A. EXTERI	NAL CAUSE WA	_	228. P	LACE OF INJURY (e.g., , farm, factory, street, office	in or about	22C, WHERE DI	D (If in Boltimo	re City, give exact		
UTING CA	USE OF DEATH.									
22D. TIME (OF INJURY (APPROX.)	Manth) (Day)	(Year)	w	THILE AT NOT	WHILE	22F. HOW DID	INJURY OCC	JR?		
23.	fy that I held	on Inqui		Inspection X Aut		and that a	s this basis	death in my a	-1-1	
								_		
result	ed from: Natu	ral causes	X A	cident Suicid		omicide 📙		ned manner L	J	
ACTUAL	11	. 1	21/	1.1		CHIEF MEDICA		H		DATE SIGNED
SIGNATU	IRE // h	41	1/100	M.D.	•	ISTANT MEDICA		TX		
EXAMINI NAME (T	ype)			lum,M.D.		OCIATE MEDICA	L EXAMINER		2/23/	71
4A. BURIAL CREA	y)	DATE		NAME of CEMETERY			D. LOCATION			(State)
REMOVAL (Specif		16 11		LUMBER MARKET			1/0	3 MA	4 1 2 12 4	
CREMATIO	BY HEALTH DEP	-26-71		Touden park (Y FUNERAL DIRE		ore, Mary	yland	



*	h occurred in a hospital and contributing cause of death stermined cause; (5) Deceased regular attendance on the ceased prior to death. Such n is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be the body was released shows: (1) An accident was D.O.A. at a hospite deceased prior to death written approval must

	2-670			BALTIMORE CIT	HEALTH DEPAR	TMENT		74	4 0	
В	RIH NO.	71	1986	CERTIFICA	TE OF DE	ATH	REG. NO.	./1	198	6
	NAME OF DECEASED					2. DATE AN	D HOUR OF DEATH			
-		OE, Jeron				2-23			4:45	P M
Н	PLACE IN BALTIMORE	MARYLAND, W	HERE PRONG	OUNCED DEAD	4. USUAL RESID	ENCE (Whe	re deceased lived. If in	stitution; reside	nce before	admission)
F	ULL NAME OF (IF	NOT IN HOSPITA	AL OR INSTI	TUTION, GIVE STREET	Maryla			14	02	
"	veter	ans Admir	istrat	ion Hospital	c. CITY OR TOW		D. INSI	DE CITY LIMITS		
		Loch Rave			E. STREET AND			YES	ио 🗌	
		more, Mar	yland	21218	1411 D:	ivisio	n Street			
5.	SEX 6. RAC			NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	If Under 1 Y Months Day	6 If Unde	er 24 Hrs.
1	Male Ne	gro	WIDOWED	DIVORCED X	7-7-20		50			
do	ne during most of working li	(e, even if refired)	IUE KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State ar farei	gn country)	12. CITIZEN	OF WHAT	COUNTRY?
13	Shipping Cle	rk					aryland	U. S	. A.	
1.0	Charles Bris				14. MOTHER'S M					
15	Was Deceased Ever in		3	107	Carrie					
(Y	37, no or unknown) lit yes,	give war or dotes	of service	16. SOCIAL SECURITY NO.	17. INFORMANT	VA Hos	spital Recor	ds AD	DRESS	
_	Yes 1-7-	43 to 1-3	1-46	215-18-65-30		ore, Ma	aryland 2121	8		
	1011	ONDITION DIR	for y	CAUSE OF DEAT			0		PROXIMATE II	
	LEADIN	G TO DEATH		4 NAMEDIA 75 @ 41	1. Gene	calibe	1 Bleeding		2 day	
	(This does not mean hearl failure, aslhenia	elc it means	the diseases	(A) IMMEDIATE CAU	CONSEQUENCE C	OF: /	Bleeding /	2580	2 200	3
	injury or complication	which caused	death.)	•		diver	Brokeson.			
		DENT CAUSES		(B) (On	sumption	Coagui	spathy		3 20	LY,
	DISEASES OR CON	couse (A)	ny, giving Stalina the		A CONSEQUENCE	OF: /	. /-	3 2	/	
	UNDERLYING COND	ITION last.		(c) Carci	noma 2	1/0m	ach i mela	au E	1 Yea	N
z	OTHER SIGNIFICANT CO	11	Tolotitivia	2 /0,1	n de	pa ca	eliner /		3 -114	4
CERTIFICATION	TO THE DEATH BUT NO DISEASE OR CONDITIO	OT RELATED TO THE	TEDMINIAT	". Belalen	1 - 1000	meni	uroria boner	lolu		
5	19A. DATE OF OPERAT	ON 198 COND	TION FOR	WHICH OPERATION	20A. AUTOPSY?	(Yes or No	208 IF YES WERE FI	INDINGS CON	ISIDERED	
ERT	1.				Yes		IN CERTIFYING CAU	SES OF DEAT	H?	
-	OR CONTRIBUTING	CAUSE OF	hon	PLACE OF INJURY (e.g., in ne, farm, foctory, street, of	or about 21 C. WHI	RE DID	(if In Baltimore	City, give exa	ct location)	
SICAL	DEATH (natify medical 21D-TIME (Manth)		etc.							
MEDI	OF INJURY	(Doy) (Year)		ile At At Work	21F. HOV	TENI DID A	RY OCCUR?			
			Wo		_					
	22. I certify that	(this hospital)	attended t	he deceosed from Fe	400 A		9 71 to Feb			71
				February 23,	19_71_	and tha	t in 🍿 (aur) opini	ion death ac	curred an	the date
	and haur ond from the causes stated obove. (X) (We) (did) (ADAXX view the body ofter deoth.									
		11-0	mal	Chi: Atter	ding Med		2.0	238, DATE SIG	NED	
23G.PHYSICIAN'S DEGREE Phys. Director Phys. Direct										
	NAME (Type)	SAYYED	7.	A. SHAH	39		h Raven Boul			
24/	BURIAL CREMATION, REMOVAL (Specify)	248. DATE	24C. N	AME of CEMETERY OF CRE	MATORY	Ltimor 24D. LO	e, Maryland	21218 town, or cour	ntv)	(Slate)
	Burial	2-27-71		t. Calvery Cem			A. Co., Mar			(
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IMPORTANT

DIRECTOR:

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, such account to death. Such

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Letter from So. Balto. Gen'l Hosp 3-22-71 M.H.

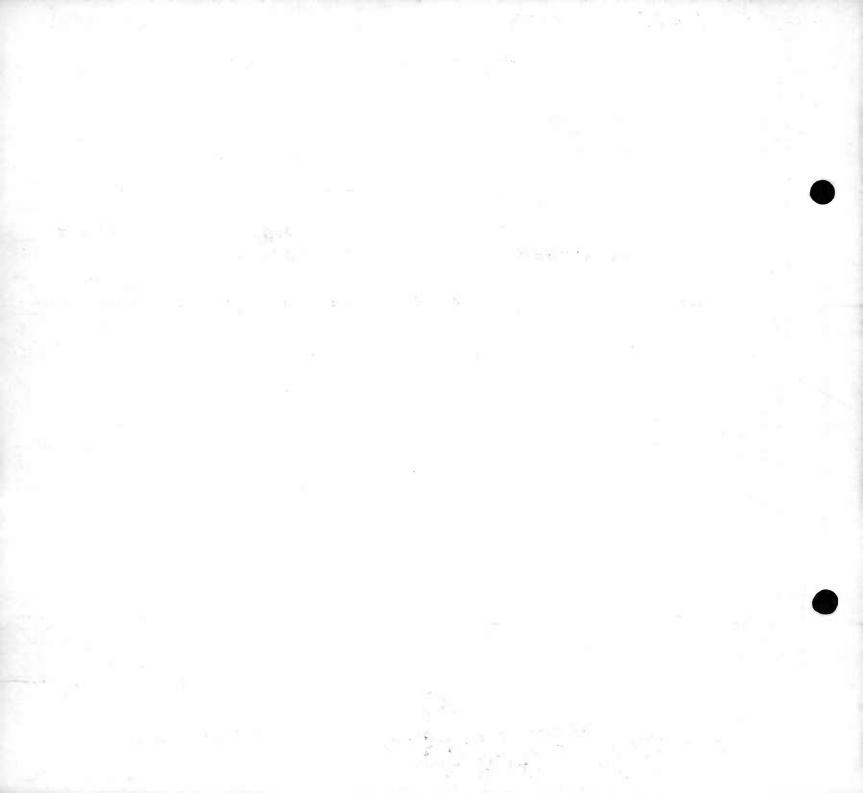
IMPORTANT FUNERAL DIRECTOR:

> 3 ŏ

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 6:30 am. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES . NO If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12, CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct locotion) and that in (my) (aur) apinian death accurred an the date 23B. DATE SIGNED (City, town, or county) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR VS 150-REV. 1/1/68



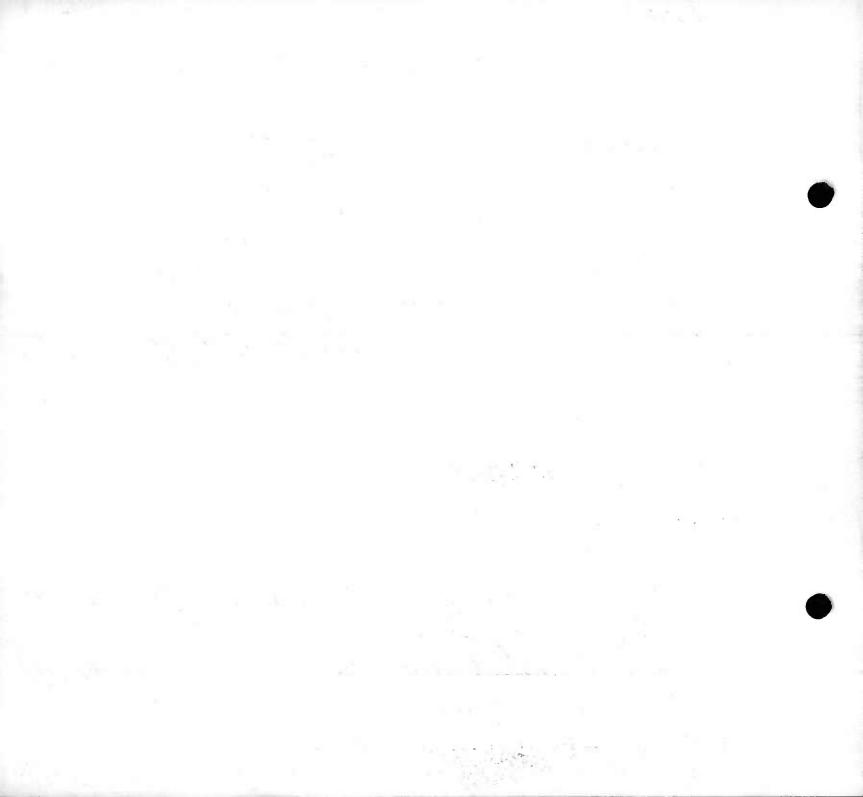
4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) D. INSIDE CITY LIMITS YES X NO 21224 If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? 4940 Eastern Nvenigerss BCH: Records Baltimore, Maryland 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that in (my) (aur) opinion death accurred on the date 238 DATE SIGNED 2-24-71 written approval 23D. ADDRESS 4940 Eastern Avenue Baltimore, Maryland 12/224 (City, town, or county) VS 150-REV. 1/1/68



IMPORTANT

DIRECTOR:

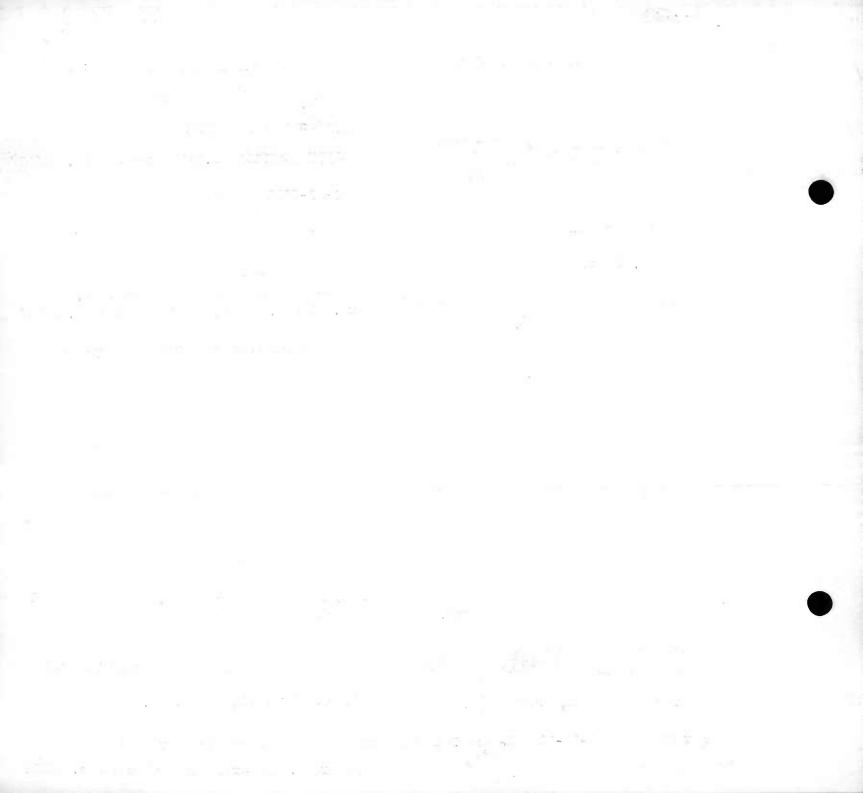
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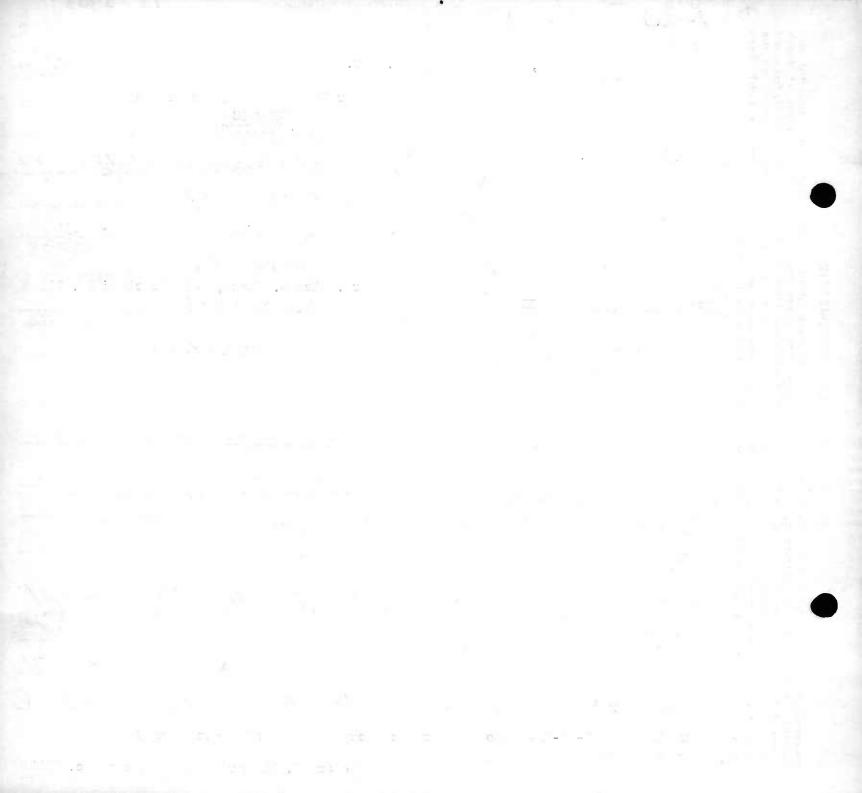
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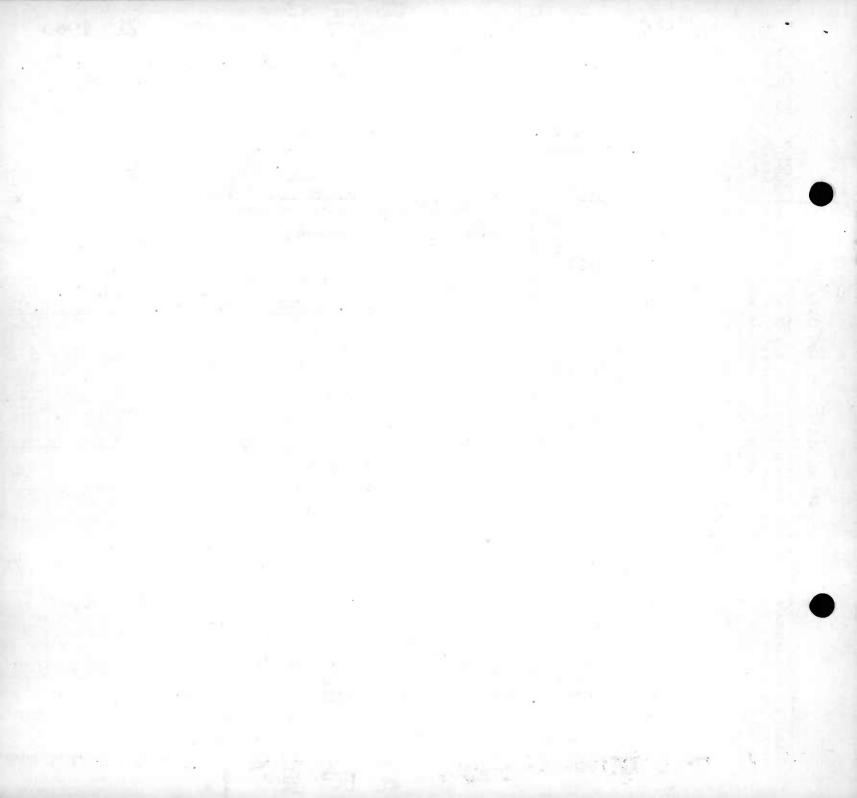


FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was secured prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approve I must be obtained before the remains are embalmed or final disposition is made.
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1		BALTIMORE CITY		at a second seco	T 7.304
	4-300	994 CEPTIFICA	TE OF DEATH	REG. NO.	
110000	RTH NO.	CERTITICA			
	NAME OF DECEASED	/		HOUR OF DEATH	4
Ľ	Heath.	Norman H.,		AH Feli-	-24-197/ M.
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institution	on: residence before admission)
1	JLL NAME OF (IF NOT IN HOSPITAL OR IN	environ our ener	Maryland	Anne Arund	e1 5111
H	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	SINUTION, GIVE SIKEET			and the second second
IN	ZIIIOION		C. CITY OR TOWN LINTH	TOOL	
\parallel	1/20		E. STREET AND NUMBER	VNVVEO 152	<u> </u>
117	South Baltimo	re Gen Hosp			21 12 -1 200
-			547 Cle	verand k	d. Linthiesm
5.	SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years If I	Juder 1 Yr. II Under 24 Hrs.
	m a widow		8-14-211	49	
	LUSUAL OCCUPATION (Give kind of work 108, KINE		11. BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT COUNTRY?
do	ne during most of working life, even if refired)	authority,	1.1 1	/-	11. 0
		politan Transit	$v \cdot v$	2	a,s
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	Harley Hear	-6	Mary Mrs. Cleo E. He Patients	Grang.	er
15.	Was Deceased Ever in U. & Armed Forces?		17. INFORMANT	-11 5/7 8/-	ADDRESS 21000
11	The second secon		Mrs. Cleo E. He	eath, 54/ Clev	reland Rd. 21090
	Yes XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	220-05-4025	PATIENTS	Chart	
Г	18. / 2. 9 . / 1	CAUSE OF DEATH	t .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Brain n	netas-lases	
	(This does not mean the mode of dying,	DUE TO OR AS	CONSEQUENCE OF:		
	heart failure, asthenia, etc. It means the dise	gse,			
	ANTECEDENT CAUSES		1 -1	12 000	
Ш		(B)	due to fun A CONSEQUENCE OF:	g cancer	
1	DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating		A CONSEQUENCE OF		
Ш	UNDERLYING CONDITION last	(c)			
	11				
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			1
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN	YAL			
S	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IP YES. WERE FINDS	NGS CONSIDERED
HE	WAS PERFORMED		20A-AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	OF DEATH?
CERTIFIC	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., I	or obout 21C, WHERE DID	(If to Rollimore City	, give exact location)
18	OR CONTRIBUTING TICALISE OF T	home, farm, factory, street, of	fice bidg. INJURY OCCUR?	fit in politinota CII)	A RIAG EVOCE INCOMORE
	DEATH (notify medical examined	letc.)			
₹ S	The state of the s	dica!			
DICA	21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
MEDICAL	21D.TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED		RY OCCUR?	
MEDICAL	21D-TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	21E INJURY OCCURRED While At At Work	• 🗆	0 4	
MEDICAL	21D.TIME (Month) (Doy) (Year) (Hour	While At Not While Work At Work	Feb - 9 - 15	RY OCCUR?	-24 19 7/
MEDICAL	21D. TIME (Month) (Doy) (Year) (House OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attend	While At Not While Work Not Work	Feb - 9 - 18	2/ 10 Felic	
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24 21	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and hour and fram the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial* (Month) (Doy) (Year) (Hour Course) (Hour Cours	21E INJURY OCCURRED While At Not While Work ed the deceased from	and the lew the bady after death. India	tin(my) (aur) opinion white property in the p	DATE SIGNED 2-24-7/ 2-34-7/ 2-34-7/ Sen. Hosp? fall win, or county) (Stole)

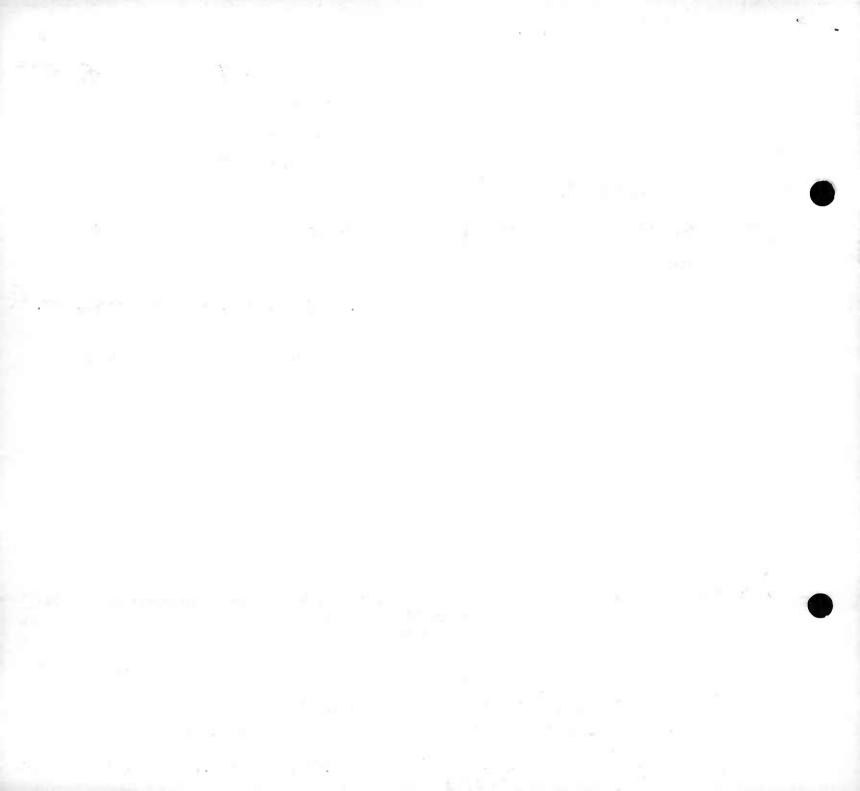


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BIRTH NO.	0	1+ +	1975	CER	TIFICA	TE O				NO	71	199	5
1, NAME OF									HOUR OF				
(Type or Print	" A	LBERT I	DAVID	MILLER			F	E BRU	ARY 24	. 1971		5:40	P. M
3. PLACE IN	BALTIMORE, A	ARYLAND, W	HERE PRON	OUNCED DEAT	D	4. USUA	L RESIDENC	E (Where	deceosed I	ived. If inst	itution: res	idence before	admission)
FULL NAMI	E OF (IF N	OT IN HOSPIT	AL OR INS	TITUTION, GIVE	STREET			LAND			E CITY LIM	71	7
INSTITUTION	CORD HOUS	EF ADT	311				BALTIMO	DE			YES T	No 🗆	
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0	0 W. Bel	/edere /	Avenue				2500 W.	BEL			JE		
S. SEX	6. RACE		7. MARRIE	D X NEVER M	ARRIED	B. DATE	OF BIRTH	9	. AGE (tn y ost_birthday)	eors	If Under	1 Yr. If Und	fer 24 Hrs. Min.
MAL	E WHI	TE	WIDOWI	ED DIV	ORCED	JANU.	ARY 189		79				
			k 108. KIND	OF BUSINESS O	R INDUSTRY	11. BIRTH	IPLACE (State	or foreig	in country)		12. CITIZE	N OF WHAT	COUNTRY
-	ost of working life,	even if retired)		NOD		DII	SSIA				1	JSA	
TAI			5.	НОР								JOA	
3. FATHER'S	NAME					14. MOT	HER'S MAID	EN NAM	\ E				
L	ESTER MI	LLER											
S. Was Dec	eased Ever in U	S. Armed Fo	rces?	1 6. SOCIAL		17. INFO	RMANT					ADDRESS	844
Yes, no or unl	known) (If yes, gi	ve wor or dote	es of service	e) SECURIT					CO	NCORD	HOUSE	APT.	311
N	0						JENNIE	MILL	ER, 25	00 W.	BELVE	EDERE A	VE.#15
18.	1017	1		CAUS	E OF DEATH	1						APPROXIMATE	
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TO THE	DEATH BUT NO	RELATED TO T	HE TERMINA										
	OR CONDITION			R WHICH OPER	ATION	20A.	AUTOPSY? (Ye	s or No)	20B, IF YE	S. WERE FI	NDINGS C	CONSIDERED	
D 19A.DA		WAS PER								ING CAU	SES OF DI	EATH?	
21A. AC	CIDENT WAS U	INDERLYING T	7	21 B. PLACE OF I	NIIIDY (e.g. ir	or obout	21C WHERE	DID	/15 :	- Baltimara	City give	exact location	
OR CON	ITRIBUTING Constitution of the constitution of	AUSE OF	- 1	nome, form, facto	ory, street, of	fice bldg.,	INJURY OC	CU R?	(11)	n soliimore	City, give	exoct locotion)	
21 D. TIM	LE (Month)	(Doy) (Year)	(Hour) 2	TE, INJURY OC	CURRED		21 F. HOW D	ID INJU	JRY OCCUR	?			
OF INJU		•	,	While At	Not While								
(APPROX	(a)			Work 🔲	At Work								
22. l ce	ertify that (1) (this haspita	I) attende	d the deceased	fram	Fel	2	1	9 69 ta	E	e 5:	24 1	9.7.(
that (1)	(we) last saw	the decease	ed alive a	n	Dec.	19	70				ian death	accurred a	n the dat
										aot, april	an deam	· decomed d	ii iiie dai
		causes sta	ited abave	(Me) (did)	(did nat) v	iew the	bady atter o	leath.					
23A. SIG	NATURE	. (()	h 6%	1 101	7		/				238. DATE	/	
	Low	red /	Music	111.	DEGREE Phys	nding 🔁	Med. Director	. 🗌 i	Staff Phys.		-{	0655	-71
23 C. PHY	SICIANS		4 .00			3D. ADD	RESS					1	1 - 1 -
NA	ME (Type)	DAVID I	. MILL	ER		911	5 REIS	TERS7	TOWN RO	AD (9	- 11:11	RIN
					DEGREE						666	21115	10((1
	CREMATION, AL (Specify)	248. DATE	24C	NAME of CEM	LIERY OF CRE	MATORY		24D. LC	CATION	(City	, town, or	county)	(Stote)
	BURIAL	2-26-7	1 A	ATH YESH	URUN			BAL	TIMORE,	MARY	LAND		
	REC'D BY HEAL			E OF REGISTRAL		2SC.	FUNERAL DI	RECTOR	-1.510	- ~ 4414	-4 16 1 12/	ADDRESS	07 5041
MAR 1	17.	V. Q. Q.E	Jalle	ALA O	1) 0	SO	OLEVIN	SON	& BROS.	,6010	KEIS	TERSTOW	N ROAL
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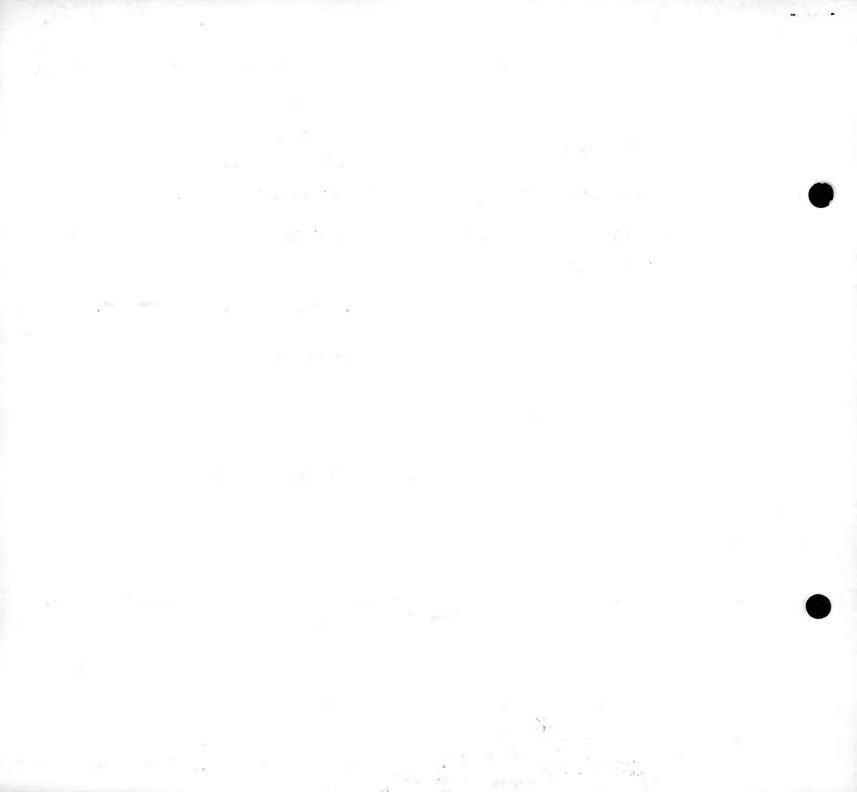
FUNERAL DIRECTOR: IMPORTANT

4			BALTIMORE CITY	HEALTH DEPARTMENT		71 1998
BIRTH NO	215 /1	1990	CERTIFICA	TE OF DEATH	REG. NO	11 1936
Type or Pr				2. DATE	AND HOUR OF DEATH	1,55
3. PLACE	IN BALTIMORE, MARYLAND,	Fishbone WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO.	2-27-1971 here deceased lived, II in	nstitution; residence before admission
FULL NAM HOSPITAL INSTITUTIO	ME OF (IF NOT IN HOSP OR ADDRESS OR LOG	TTAL OR INSTIT	FIION, GIVE STREET	MARYLAND c. CITY OR TOWN		IDE CITY LIMITS?
91	LEVINDALE			BALT'IMORE E. STREET AND NUMBER 4902 LANII		YES NO
	6. RACE WHITE	WIDOWED		8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 H Months Days Hours Min.
done during	OCCUPATION (Give kind al wa most of warking life, even il retired) JSEWIFE	AT H		11. BIRTHPLACE (Side or for	preign country)	12. CITIZEN OF WHAT COUNT
3. FATHER				14. MOTHER'S MAIDEN N	AME	
ISA	AAC YANIGER			BAILA ?		
5. Was De Yes, no or u	ceosed Ever in U. S. Armed Forknown) (If yes, give wor or do	orces? les of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO				MR. IRVIN FISH	HBONE, 3650 PA	SKIN PLACE, APT.
(This heart f	DISEASE OR CONDITION D LEADING TO DEATH does not mean the mode o collure, osthenia, etc., it mean or complication which cause	of dying, e.g., s the disease, d death.)	(A) IMMEDIATE CAU	SE Carcinoma of	the Colon	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA Months
UNDE	ANTECEDENT CAUSE SES OR CONDITIONS, if to the above cause (A) RLYING CONDITION last. SIGNIFICANT CONDITIONS CO	any, giving stating the	(B)	A CONSEQUENCE OF:		
₩ IDISEASI	DEATH BUT NOT RELATED TO E OR CONDITION GIVEN IN PA TE OF OPERATION 198 CO	RT 1 (A). NDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
19A. DA		RFORMED		ves	IN CERTIFYING CA	USES OF DEATH?
OR CO	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF	21 B. hom elc.)	PLACE OF INJURY (e.g., in e, farm, foctory, street, off	or obout 21 C. WHERE DID		e City, give exact location)
OF INJ	URY		INJURY OCCURRED le At Not While k At Work	21F. HOW DID IN	NJURY OCCUR?	
22. 1 c	ertify that (X) (this hospital (we) lost saw the deceas	ol) ottended the	e deceosed from Si ebruary 25	eptember 30	19 70 to Febr	uary 25 1971
ond ho	our and from the causes sta					
234.310	16. 1. V /1	will	Atter	ding Med.	Shelf [***]	238, DATE SIGNED
23C.PH	YSICIAN'S ME (Type)		OEGREE Phys.		Staff Phys.	February 25, 1971
AA BIIDIA	Theodore		, M.D. OEGREE	Levindale		
REMO	CREMATION, 248 DATE VAL (Specily) RTAL 2-26-75		RBAND		SEDALE, MARYI	ty, town, or county! (Stote) LANDI
5A. DATE	LEC'D RY HEALTH DEPT.	258 NAME O	F REGISTRAR	SOL LEVINSON		O REISTERSTOWN ROA
S 150-REV	. 1/1/68		7		*	



FUNERAL DIRECTOR: IMPORTANT

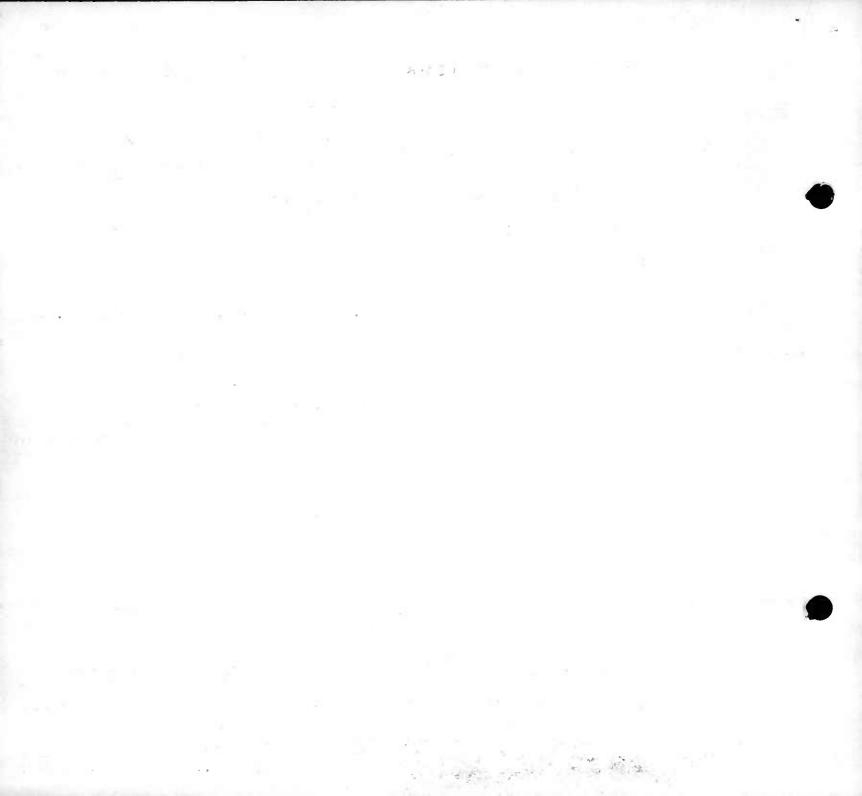
1	1	2-050	jra	74	400	mu	BALTIMORE	CITY I	HEALTH	DEPAR	TMENT	4		71	1	1997	7
		RTH NO.		1	199		CERTIFI	CA1	EC	F DE	ATH	REC	3. NO				
,		NAME OF DECEASED Type or Print)										AND HOUR C			-		
	3.	Rose Rashinsky 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							4. USU/	L RESID	Feb	ruary 2	3, 19	71	- idona	11:30	P. M.
		JLL NAME OF							n. 31A1	E IARYL	0. COL	Balta		31110110112 11	5	2/	omission!
,	HO	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ASSITUTION								OR TOW		17 000 00		DE CITY L	MITS?) U	0
		91	Levinda	1 -					ESTRE	ALTI	MORE			YES 🗌		NO 🗌	
		11	revinda.	re								L DRIVE					
pou	5. 9		6. RACE WHI	TE	7. MARRIE	ED	NEVER MARRIED		DATE	OF BIRTH	1	9. AGE (In			der 1 Yr. , If Under 24 H		
is m			Cencery		WIDOW	ED X	DIVORCED		-XLX6X	11885	X17-8	71	83		Doys	Hours	Min.
	don	e during most of	working life, even i	if retired)	108 KIND	OF I	SUSINESS OR INDU	STRY 1	. BIRTH	IPLACE (Stote or fo	reign country)		12. CITI	ZEN OF	WHAT O	OUNTRY?
siti	13.	HOUSE FATHER'S NA			AT	H	OME			HUAN:						USA	
disposition			MIN KLAF	277				'		DA	AIDEN N	AME					
	15.	Wos Deceased	Ever in U. S. A	med Ford	es?	- II	6. SOCIAL	12	'- INFOI						ADDR		
final	(Yes	s, no of unknown	Ilf yes, give we	or or doles	of service	e)	SECURITY NO.				II MTM.	AKUR, 6	700 TA	HDEI		:33	
or fi		NO 18.	XI				CAUSE OF D		NO.	TMIT	II MATIA	AROR, 0	700 LA	UKEL		XIMATE IN	LTFRV AL
ed o		DISEAS	E OR CONDIT		ECTLY									1			ND DEATH
E		LEADING TO DEATH (This does not mean the mode of dying, e.g.,								monia			D	ays			
mbalm		heart failure, astheria, etc. It means the disease, injury or complication which caused death,															
E		,	ANTECEDENT (CAUSES			/ml							- 1			
are		DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the									******	************					
		UNDERLYING	CONDITION	last.	sidiing ii	ne	(c)						********				******
mai	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING															
the remains	ATIO	TO THE DEAT	H BUT NOT RELATION GIVE	TED TO TH	E TERMINA	L	Arte	rio	Sc16	roti	с Неа	rt Dise	ase				*********
the	RTIFIC	19A. DATE OF	OPERATION I	98. CONE	DITION FO	R WH	IICH OPERATION		20A. A	UTOPSYT	(Yes or N	IN CERTIF	S, WERE FI	INDINGS SES OF D	CONSI	DERED	
ore		21A. ACCIDEN	IT WAS UNDER	LYING	2	1 B. P1	ACE OF INJURY	aga in e	r obout	yes	ERE DID		yes In Bollimore				
before	1-41	OK CONTRIBU	TING CAUSE	OF	h	omo, tc.)	form, foctory, street	t, office	bldg.,	INJURY (CCUR?	Į, s	in boiliniore	City, give	Oxact I	oconon;	
	0	21 D. TIME OF INJURY	(Month) (Doy)	(Yeor)	(Hour) 2	1 E. 11	JURY OCCURRED			21 F. HO	V DID IN	JURY OCCU	17				
obtained	٤	(APPROX.)				Vhilo Vork	At V	While [□								
o bt		22. I certify	that (X) (this h	ospital)	attended	the	deceased fram_	Sept	emb	r 16		19 <u>70</u> to	Februa	ary 2	3	19	
pe		that (X) (we)	last saw the d	leceased	alive on	_Fe	bruary 23		19	71	and t	hat In (XXX)	aur) apln	lan deat	h accu	rred an	the date
		and haur and	from the caus	es state	d above.	M)	Me) (q1q) MXXXX	N vie	w the b	ady aft	er death.						
Ē	1 1		1//	6 4	1/	1	M	Attendi	ng [Med	. IXI	Stoff [- 1	238. DATI Feb.			
approval must		23C. PHYSICIAL	Vis Clerk	ras	1/		1 DEGREE	Phys. 23 E	. ADDR		ctor 🖎	Staff Phys.		rco.	23.	17/1	
pro		NAMEII	Theodo	re R.	Reif	F	M.D.		Le	vinda	a1e						
	24A	REMOVAL (S	AATION 248 F				LE of CEMETERY OF	CREM				LOCATION	(City	, town, or	county	1	(Stote)
ten		BURIA	AL 2-2	5-71	BE	HT	HAMEDROSH	HAG	ODOL		R	OSEDALE	, MARY	LAND			
written		MAR 1	1971 OZ			4	REGISTRAR		25C. F	UNERAL					STER	RESS OWN	ROAD
>	_	150-REV. 1/1/6		MAS G	(Elast)	2	KA, YO O	0		95	76	4 5,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				



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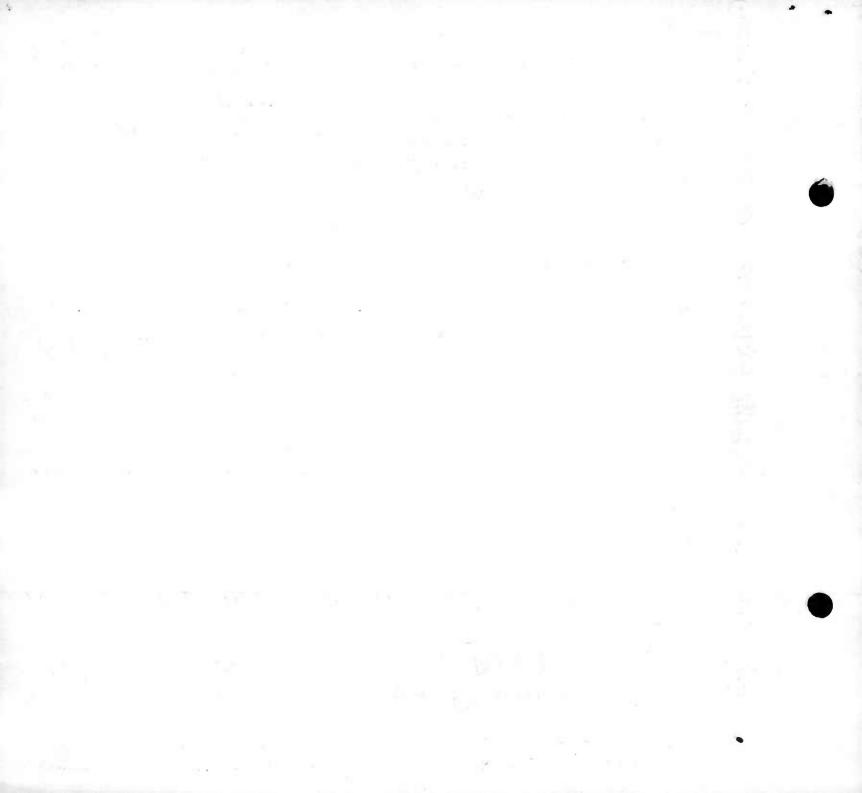
1/15		BALTIMORE CIT	Y HEALTH DEPARTMENT		71 1998
BIRTH NO.	71 199	CERTIFICA	TE OF DEATH	REG. NO	11 1300
Type or Printl	ORMATS.	The Votage E	DETON 2. DATE AN	NO HOUR OF DEATH	0.0
	E MARYLAND, WHERE P	RONQUINCED DEAD	14 USUAL RESIDENCE (Wha	23///	titution: residence befare admission
	The state of the state of	1.4	A. STATE B. COUN	ITY	titution: residence befare admission
FULL NAME OF (I HOSPITAL OR A INSTITUTION	F NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARYLAN	1 b -	2717
INSTITUTION"			C. CITY OR TOWN		DE CITY LIMITS?
5	1. C in 1 = A 1	0.5	BALTIMOR	· F	YES 🔀 NO 🗌
	HOSPITAL	OF BALTO	E. STREET AND NUMBER	BELVEP	ERE ANE. 212
6. RAC	MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	tf Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
FEMALE	WHITE WIDO	WED DIVORCED	8/14/90	20	Months Doys Hours Min.
OA. USUAL OCCUPATIO	N (Give kind of work 108, KI)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lore	ign country)	12. CITIZEN OF WHAT COUNTRY
lane during most of warking HOUSEWIF	life, even if retired)	T HOME	RUSSIA	•	USA
3. FATHER'S NAME					USA
UNKNOWN			UNKNOWN	WE	
5. Was Deceased Ever in	U. S. Armed Forces? , give wor or dotes of ser	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO		SECURITY NO.	TEON AND THE		
18. 44 / 7		CAUSE OF DEAT	MK. LEONARD HOR	MATS, 3421 W	OODVALLEY DR. #8
	CONDITION DISCOURS	CAUSE OF DEAT	n,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	CONDITION DIRECTLY		A = -		0
(This does not med	in the mode of dving			RONARY	hours- 6
heart laiture, astheni	a, etc. It means the dis n which caused death.!	ease.	A CONSEQUENCE OF:	CCLUSION	
	EDENT CAUSES	(B) ATHE	ROSCLEROTIC	CARPIDY	ASCHLAR
DISEASES OR CO	NDITIONS, it any, g	iving DUE TO, OR AS	A CONSEQUENCE OF	SEASE	
UNDERLYING CON	DITION last.	(c)	150 (5 (1/5 6	Muny Year
	11	(9/			
OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING			
TO THE DEATH BUT N	OT RELATED TO THE TERMI	NAL	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
OTHER SIGNIFICANT OF TO THE DEATH BUT IN DISEASE OR CONDITION OF THE PROPERTY	TION 198 CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FIL	NDINGS CONSIDERED
0	WAS PERFORMED		No.	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
1 21 A. ACCIDENT WAS	UNDERLYING	218 PLACE OF INJURY (e.g., in	n or about 21C. WHERE DID	lif la Boltimore	City, give exoct location)
OR CONTRIBUTING DEATH (notify medico	CAUSE OF exemined	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	in in commerce	City, give exoct locotion;
21D. TIME (Month					
OF INJURY) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.I		While At Work Not While At Work			
22. I certify that (I) (this hospital) attend	ded the deceased fram		9to	10
	w the deceased alive		34		19
		**	and the	in(my) (aut) apinio	an death accurred on the date
23A. SIGNATURE	ne causes stated abov	ve. (1) (We) (dld) (dld not) v	lew the body ofter death.		
- STATISTICAL DRE	DI	M.D. AHO	adian es and es		3B. DATE SIGNED
	Petsag	DEGREE Phys	nding Med. Director	Staff Phys.	2/23/71.
23C. PHYSICIAN'S NAME (Type)		12	23D. ADDRESS		
	REAS A.	PETSAS M.D.	SINAL HOS	SPITAL 0	F BALTIMORE
A. BURIAL CREMATION		OEGREE IC. NAME OF CEMETERY OF CRE			
REMOVAL (Specify)	1	(MAC		•••	town, or county) (State)
BURIAL		GUDAS ACHIM ANSH	E SFARD ROS	SEDALE, MARYI	AND
A. DATE REC'D BY HEA					
140D 1 4		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	F BROS CO10	
MAR 1		ME OF REGISTRAR	SOL LEVINSON	§ BROS.,6010	REISTERSTOWN ROAL



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DIRECTOR:

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